MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07526

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Martinez Plant.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore County.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1214 Ten Oaks Rd.

3. NAME OF DECEASED (Type or Print) (First) Paul (Middle) J. (Last) Adamecz.
4. DATE OF DEATH (Month) Aug (Day) 29 (Year) 49

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1-25-1900
9. AGE last birthday 49 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assemblyman
10b. KIND OF BUSINESS OR INDUSTRY Martinez Aero Plant
11. BIRTHPLACE (State or foreign country) Austria
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Adamecz
14. MOTHER'S MAIDEN NAME Agnes G Fossler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 1917-20
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Paul J Adamecz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Immediate

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 5 10 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J McCarmine (Degree or title) M.D. Pratt Co. Medical Examiner ADDRESS Dundalk 22 Md. DATE SIGNED 8/29/49

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF Sept 2 1949
NAME OF CEMETERY OR CREMATORY Cathedral
LOCATION (City, town, or county) Baltimore Md (State)

DATE REC'D BY LOCAL REG. 9/2/49
REGISTRAR'S SIGNATURE Henry Kuse
24. FUNERAL DIRECTOR George A Farley ADDRESS Catonsville

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07527 44

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ft. Howard; LENGTH OF STAY (in this place) 3 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural, give location) 645 Washington Blvd.

3. NAME OF DECEASED (Type or Print): (First) LEROY; (Middle) E.; (Last) AFFAYROUX

4. DATE OF DEATH: (Month) August; (Day) 11; (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6-25-94

9. AGE last birthday: 55 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Druggist

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Affayroux (Moore)

14. MOTHER'S MAIDEN NAME: Mary T. Muldoon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: 220-03-7975

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebrovascular accident — Interval between onset and death: 4 Days

331 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-8-, 1949, to 8-11-, 1949, that I last saw the deceased alive on 8-11-, 1949, and that death occurred at 1:15 A.m., from the causes and on the date stated above.

SIGNATURE: H.C. Menaugh (Degree or title): M.D. ADDRESS: Chief Pro. Ser. VAH, Ft.Howard, Md. DATE SIGNED: 8-11-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8/13/49 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cem. — LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 8/12/49 — REGISTRAR'S SIGNATURE: R. W. Hedrick

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS — ADDRESS: Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07528

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Balto MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite
HOSPITAL OR INSTITUTION OR STREET ADDRESS Davis av	STREET ADDRESS (If rural, give location) Davis av

3. NAME OF DECEASED (Type or Print) (First) Edythe (Middle) M (Last) albright

4. DATE OF DEATH (Month) Aug (Day) 22 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F	W	single	6-29-1893	56 yrs.	1	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home Practice Nurse		Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edward Albright	Effie albright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no			Vivian I albright

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary hemorrhage	
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Cardio vascular disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Geo W Kieffer MD	Dep Med Exam Balto Co	1010 Leeds av	Aug 22 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-25-49	St Alphonsus	Woodstock Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 24 49	Geo Kieffer	Easton Sons Ellicott City Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1 PM
Sgt Lubna

RECEIVED
AUG 29 1949
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07529

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH · COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE MARYLAND COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PIKESVILLE — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PIKESVILLE MD
HOSPITAL OR INSTITUTION OR STREET ADDRESS 300 REISTERSTOWN RD.	STREET ADDRESS (If rural, give location) 300 REISTERSTOWN RD.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) PATERSON (Last) ANDERSON

4. DATE OF DEATH: (Month) August (Day) 1 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Dec. 1, 1877

9. AGE last birthday: 71 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): COMMERCIAL ARTIST

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Edinburgh Scotland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ~~UNKNOWN~~ Thomas Anderson

14. MOTHER'S MAIDEN NAME: WORTLEY MOIR BAIRD Paterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mary E. Anderson - 300 Reisterstown Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart failure	6 mos.
443 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease	years
	(c) Arteriosclerosis	years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebro-sclerosis. Uremia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1945, to August 1, 1949, that I last saw the deceased alive on July 31, 1949, and that death occurred at 1 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Louis Dalmau 1413 Reisterstown Rd. Pikesville 8, Md 8/1/49

23. BURIAL, CREMATION REMOVAL (Specify) — DATE: Aug 3/49 — NAME OF CEMETERY OR CREMATORY: Forest Baptist — LOCATION (City, town, or county) (State): Balto Co, Md

DATE REC'D BY LOCAL REG.: 8/2/49 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Austin E. Donovan — ADDRESS: 3818 Roland Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07530

Reg. Dist. No.

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: 602 North Bend Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Baltimore

City or town: Catonsville
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 602 North Bend Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Annie F. Ball

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: J. Edgar Ball

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 14, 1891

8. AGE: Years: 58 | Months: | Days: | If less than one day ..... hrs. ..... min.

9. Birthplace: Baltimore Md.
(Town, county, and state)

10. Usual occupation: H. W.

11. Industry or business: Own Home

FATHER
12. Name: William Airy
13. Birthplace: Md.

MOTHER
14. Maiden name: Catherine Carl
15. Birthplace: Md.

16. Informant: J. Edgar Ball

Address: 602 North Bend Road, Catonsville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 5/49 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: 3801 Frederick Rd. Balto. Md.

18. Funeral director: Harry H. Nitzke

Address: 4101 Edmondson Ave.

19. 8-4 (Date rec'd by registrar) 1949 A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 2/49 19..., at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 31 1949, to Aug 2 1949 and that I last saw her alive on Aug. 1st 1949

Immediate cause of death: Carcinoma of descending colon with metastases

DURATION: 1 yr +

Due to

Due to

Other conditions: 153 46e
(Include pregnancy within 3 months of death)

Major findings of operations: Carcinoma of descending colon with metastases Date of op. 18 Nov. 1948

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: John A. Nesbitt, Jr. M. D. or other

Address: 20 E Preston St. Balto. 2, Md. Date signed: 3 Aug '49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

07531

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1401 Olive Street

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) F. (Last) BARBER

4. DATE OF DEATH: (Month) August (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3/10/79

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charles County, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clinical Records, Vet.Adm.Hosp Ft.Howard,Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) CARCINOMA OF PROSTATE WITH EXTENSIVE METASTASES	Unknown
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

177
51b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 22, 1949, to Aug. 26, 1949, that I last saw the deceased alive on Aug. 26, 1949, and that death occurred at 4:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.C. MANAUGH, M.D., CHIEF, PROFESSIONAL SERVICES, VAH, FORT HOWARD, MD. 8/26/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 8/29/49

NAME OF CEMETERY OR CREMATORY: Balto. Nat. Cemetery

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Aug 27 1949

REGISTRAR'S SIGNATURE: R.W. [illegible]

24. FUNERAL DIRECTOR ADDRESS: Blight Funeral Home, 6009 Harford Rd. Balto

Mildred T. Blight, Funeral Director

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07532

CERTIFICATE OF DEATH

Reg. Dist. No. 34

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Alban Town. | LENGTH OF STAY (in this place) 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Upper Beckleysville Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Albans town.
STREET ADDRESS (If rural give location) Upper Beckleysville Rd

3. NAME OF DECEASED (Type or Print): (First) Minnie (Middle) Catherine (Last) Baublitz

4. DATE OF DEATH: (Month) August (Day) 27 (Year) 1949.

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Nov 1 1897 | 9. AGE last birthday: 51 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Nott | 14. MOTHER'S MAIDEN NAME: Mary Hetrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.: none. | 17. INFORMANT: Harvey Baublitz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154 Immediate cause (a) Carcinoma - Rectum. — Interval between onset and death: ?

46d Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — | (CITY OR TOWN): — | (COUNTY): — | (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from June 10, 1949, to August 27, 1949, that I last saw the deceased alive on August 26, 1949, and that death occurred at 4:40 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edgar M. Bush.	M.D.	Hampstead Md	8/27/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 29/49	Graves Run	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug-28-49	Mary D. Eline.	Edw. C. Tipton,	Hampstead Md

VS. A15

RECEIVED
SEP 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07533

Reg. Dist. No. 67

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Beth-Steel Shipyard Dispensary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore County; STREET ADDRESS (If rural, give location) 1500 Locust Street

3. NAME OF DECEASED (Type or Print): (First) Mike orMetodey; (Middle); (Last) BORTLIK

4. DATE OF DEATH: (Month) August (Day) 22, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: June 6-1895

9. AGE last birthday: 54 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Beth.Steel Co.

11. BIRTHPLACE (State or foreign country): Checoslovakia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Bortlik

14. MOTHER'S MAIDEN NAME: Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-09-1685

17. INFORMANT: Mary Bortlik 1600 Locust St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

434.1 **Immediate cause** (a) Acute congestive cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George G. Merrill (Degree or title) MD ADDRESS 700 Fleet St. Baltimore DATE SIGNED 8/22/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF Aug 25-1949; NAME OF CEMETERY OR CREMATORY Cedar Hill; LOCATION (City, town, or county) (State) A.A. Co. Md.

DATE REC'D BY LOCAL REG. 8/23/49; REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm. S. Fialkowski ADDRESS 2007 Eastern ave

07534

Evidence for change of birth date shown on:

FILM No. G 121 AUG 24 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Prince Nursing Home 16 FUSTING AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTO.
STREET ADDRESS (If rural, give location) 4 ENGLEWOOD RD.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) STEVENSON (Last) BROGDEN
4. DATE OF DEATH (Month) 8 (Day) 14 (Year) 1949
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH MAY 19, ~~1949~~ 1857
9. AGE last birthday 92 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) LONG GREEN MD.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME JAMES McCULLOH BROGDEN
14. MOTHER'S MAIDEN NAME ELEANOR ADDISON GITTINGS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT LUCILLE J. BROGDEN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	2 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Advanced Arterio-sclerosis	15 yr.
	(c)	

331
83a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility — 10 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-3, 1947, to 8-14, 1949, that I last saw the deceased alive on 8-13, 1949, and that death occurred at 3.15 P.m., from the causes and on the date stated above.

SIGNATURE Wilbur K. Gallager M.D. (Degree or title) ADDRESS Catonsville-28, Md. DATE SIGNED 8-15-49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 8-16-49
NAME OF CEMETERY OR CREMATORY TRINITY
LOCATION (City, town, or county) LONG GREEN (State) MD.

DATE REC'D BY LOCAL REG. 8/15/49
REGISTRAR'S SIGNATURE H. W. Hedrick DM
24. FUNERAL DIRECTOR H.W. JENKINS & SONS CO. ADDRESS 4905 YORK RD. BALTO. 12.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DR. GALLAGER
429 DRURY LA.
6209 FRED'K. AVE.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

117535

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN | LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Ave Bengies Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bengies Md.
STREET ADDRESS (If rural, give location) Eastern Ave Bengies Md.

3. NAME OF DECEASED (Type or Print): (First) ROBERT (Middle) (Last) BROWN

4. DATE OF DEATH: (Month) (Day) (Year) August 24, 1949

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: (Month) (Day) (Year) March 7 1949

9. AGE last birthday: yrs. | If under 1 year: Months 6 | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Brown

14. MOTHER'S MAIDEN NAME Catherine Beasley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Catherine Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Atelectasis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Upper Respiratory Infection

475 161a

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Earl K. Royer (Degree or title) ADDRESS 700 Fleet St., Baltimore, Md. DATE SIGNED August 25, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Aug. 27, 1949 | NAME OF CEMETERY OR CREMATORY Sharp St Cemetery | LOCATION (City, town, or county) (State) Eastern Ave Bengies Md

DATE REC'D BY LOCAL REG. Aug 27th 1949 | REGISTRAR'S SIGNATURE R. W. | 24. FUNERAL DIRECTOR Bruce Robert A. Elliott Jr. | ADDRESS 1129 N. Carlin St.

BIRTHDATE & NAME: ARM DISCH. filmed G121 8-19-49 L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard; LENGTH OF STAY (In this place) 24 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 340 Ilchester Avenue

3. NAME OF DECEASED (Type or Print): (First) THEODORE (Middle) M. (Last) BULL

4. DATE OF DEATH: (Month) August (Day) 10, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-27-27

9. AGE last birthday: 22 yrs. If under 1 year Mooths. Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kiod of work done during most of workiog life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Bull

14. MOTHER'S MAIDEN NAME: Esther Leinbach (Leimbach)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): WW-2

16. SOCIAL SECURITY NO.: 217-20-5286

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	1 Month
Antecedent cause(s)		Approx.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic glomerulonephritis	18 Months
	(c)	

592 / 1314

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Mooth) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-17-, 1949 to 8-10-, 1949, that I last saw the deceased alive on 8-10-, 1949, and that death occurred at 3:05 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.C. Managh
H.C. MANAUGH, M. D. Chief Pro. Services VAH, Fort Howard, Md 8-10-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE 8/13/49; NAME OF CEMETERY OR CREMATORY Parkwood Memorial; LOCATION (City, town, or county) (State) Parkville Md

DATE REC'D BY LOCAL REG. 8/10/49; REGISTRAR'S SIGNATURE R. W. Hedrick; 24. FUNERAL DIRECTOR Wm Cook Inc; ADDRESS 1217 St. Paul St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 17537 24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard | LENGTH OF STAY (in this place) 39 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1016 Witherspoon Road

3. NAME OF DECEASED (Type or Print): (First) MALCOLM (Middle) L. (Last) CALDER

4. DATE OF DEATH: (Month) August (Day) 19, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-21-23

9. AGE last birthday: 25 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Calder

14. MOTHER'S MAIDEN NAME: Alice Herring

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If year, give war or dates of service): WW-2

16. SOCIAL SECURITY No.: 217-14-5915

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Glioma of right cerebrum	1 Yr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) None	
	(c)	

193 540

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-11-, 1949, to 8-19-49, 1949, that I last saw the deceased alive on 8-19-, 1949, and that death occurred at 12:45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.C. MANAUGH, M.D. Chief Pro. Ser. VAH, Ft.Howard, Md. 8-19-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE 8/22/49 | NAME OF CEMETERY OR CREMATORY Greenmount Cemetery | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. Aug. 20th 1949 | REGISTRAR'S SIGNATURE K W. | 24. FUNERAL DIRECTOR ADDRESS WM. J. TICKNER & SONS INC. North & Pa. Aves. Balto. 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 17538

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place) 7 wk.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 Harrison Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Baltimore COUNTY Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 117 S Ann St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Calka (Last)

4. DATE OF DEATH: (Month) 8 (Day) 25 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1883

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocer

10b. KIND OF BUSINESS OR INDUSTRY: Butcher

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 169245009

17. INFORMANT: Loretta Calka

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA, RT. LUNG, WITH METASTASES — Interval Between Onset and Death: 1 1/2 yrs.

162 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

47d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/19/49, 19..... to 8/25/, 19.49, that I last saw the deceased alive on 8/25/, 1949, and that death occurred at 2:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Benj. B. Moss M.D. 448 N. Eutaw Ave. 8/26/49

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: Aug. 29/49

NAME OF CEMETERY OR CREMATORY: Holy Rosary

LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG.: Aug. 27 1949

REGISTRAR'S SIGNATURE: R. W.

24. FUNERAL DIRECTOR: Fred W Ozarowski ADDRESS: 1930 N Eutaw Ave.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07539

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Charles
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Indian Head
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Carey

4. DATE OF DEATH: (Month) August (Day) 21 (Year) 1949

5. SEX: F-Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W. [illegible]

8. DATE OF BIRTH: Aug. 6/1872

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: (unknown) Carey

14. MOTHER'S MAIDEN NAME: (unknown) O'Neil

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Chas. Carey, Indian Head, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral arteriosclerosis — Indefinite

420.0 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 13a

(b) Arteriosclerotic Heart Disease

(c) Arteriosclerotic Cardiovascular Renal

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-16, 1949, to 8-21, 1949, that I last saw the deceased alive on 8-21, 1949, and that death occurred at 6:55 A.m., from the causes and on the date stated above.

SIGNATURE Gordon Funk (Degree or title) ADDRESS Catonsville, 28, Md DATE SIGNED 8-21-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Aug. 24 '49 — NAME OF CEMETERY OR CREMATORY: Waldorf — LOCATION (City, town, or county) (State): Waldorf Maryland

DATE REC'D BY LOCAL REG. 8-21-49 — REGISTRAR'S SIGNATURE: W. E. Harris

24. FUNERAL DIRECTOR ADDRESS: Hunt & Lyon, Waldorf, Md

RECEIVED
AUG 24 1949
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07540

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 23yrs.8mos.11days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 5105 Cordelia Ave

3. NAME OF DECEASED (Type or Print) (First) Michael (Middle) (Last) Chambers

4. DATE OF DEATH (Month) Aug. (Day) 8 (Year) 1949

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH 1890?
9. AGE last birthday 59? yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer
10b. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (State or foreign country) England
12. CITIZEN OF WHAT COUNTRY? England

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Failure

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchs Pneumonia

93d (c) Cardiovascular disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Geo. M. Kieffer Jr. (Degree or title) M.C. Deep Need Exam Balto. ADDRESS 1010 Leeds Ave DATE SIGNED Aug. 8, 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/10/49
NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery
LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 8/9/49
REGISTRAR'S SIGNATURE L. W. Hedrick
24. FUNERAL DIRECTOR Wm. Cook, Inc., 1217 St. Paul Street ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

07541

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River. LENGTH OF STAY (in this place) 26 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2007 Brandt Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location) 2007 Brandt Ave.

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) Thomas (Last) Chenworth.
4. DATE OF DEATH (Month) Aug (Day) 4 (Year) 49

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept 6/88
9. AGE last birthday 60 yrs. If under 1 year Months 10 Days 28 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Retired.
11. BIRTHPLACE (State or foreign country) Hartford Co. Md
12. CITIZEN OF WHAT COUNTRY? Ec. D.A.

13. FATHER'S NAME Geo. Chenworth.
14. MOTHER'S MAIDEN NAME Mary Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-07-7440
17. INFORMANT Margaret Chenworth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Immediate

420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. McCarmine M.D. Deputy Medical Examiner Balto. Co. Dundalk 22 Md 8/4/49

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF 8/6/49
NAME OF CEMETERY OR CREMATORY St. Francis
LOCATION (City, town, or county) (State) Abingdon, Md.

DATE REC'D BY LOCAL REG. 8-5-49
REGISTRAR'S SIGNATURE T. W. Hedrick wh
24. FUNERAL DIRECTOR Lassahn Funeral Home ADDRESS 7401 Belair Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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7

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07542

Reg. Dist. No. 43

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 Chesterave Overlea 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
STREET ADDRESS (If rural give location) 10 Chesterave

3. NAME OF DECEASED (Type or Print): (First) Theodore (Middle) A. (Last) Classon
4. DATE OF DEATH: (Month) Aug (Day) 29 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct 18 1874
9. AGE last birthday: 74 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Master
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Jamestown Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Classon
14. MOTHER'S MAIDEN NAME: Lucy Gratin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 215-03-8799
17. INFORMANT: Mar Healy Classon 10 chesterAve

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) MYOCARDIAL DEGENERATION	2½ yrs
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) ARTERIAL HYPERTENSION	9 yrs +
	(c) CORONARY ARTERIOSCLEROSIS	9 yrs. +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. BENIGN HYPERTROPHY OF PROSTATE GLAND.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/8, 1940, to 8/29, 1949, that I last saw the deceased alive on 8/28, 1949, and that death occurred at 7:30 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John W Wachen MD · 6331 Belair Road (6) 8/30/1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF: SEPT 1-49
NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER
LOCATION (City, town, or county) (State): 4400 BELAIR RD MD
DATE REC'D BY LOCAL REG. 8/31/49
REGISTRAR'S SIGNATURE: W. Hedrick
24. FUNERAL DIRECTOR: DIPPEL BROS. ADDRESS: 710 BELAIR RD

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07543

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glyndon — MARYLAND — LENGTH OF STAY (In this place) 15 yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS Butler Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. — STREET ADDRESS (If rural, give location) Glyndon

3. NAME OF DECEASED (Type or Print): (First) Hannah — (Middle) — (Last) Collier

4. DATE OF DEATH: (Month) Aug. (Day) 29 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Oct. 18, 1879

9. AGE last birthday: 69 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): England.

12. CITIZEN OF WHAT COUNTRY? U S.

13. FATHER'S NAME: John James

14. MOTHER'S MAIDEN NAME: Elizabeth Robson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.? 217-03-5797

17. INFORMANT: Daniel A. Collier

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

029 **Immediate cause** (a) Acute Cardiac Decompensation — Interval Between Onset and Death: 1 hr.

Antecedent cause(s)

309 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive C-V. Disease — 10 yrs.

(c) Syphilis. — 15 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none.

19b. MAJOR FINDINGS OF OPERATION: none.

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none. — (CITY OR TOWN): none. — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): none. m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? none.

22. I hereby certify that I attended the deceased from 1-8, 1941, to 8-29, 1949, that I last saw the deceased alive on 8-20, 1949, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE: D. A. Caplis — (Degree or title) M.D. — ADDRESS: Reisterstown, Md. — DATE SIGNED: 8-31-'49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Sept 1, 1949 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county): Hamilton — (State): Md.

DATE REC'D BY LOCAL REG.: 9-1-49 — REGISTRAR'S SIGNATURE: Mary B. Fline.

24. FUNERAL DIRECTOR: Wm. Berryman & Sons — ADDRESS: Reisterstown

VS. A15

RECEIVED
SEP 6 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07544

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Monkton — LENGTH OF STAY (in this place) 9 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Monkton, Md — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Monkton
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) PRICE (Last) COMPTON

4. DATE OF DEATH: (Month) Aug (Day) 13 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug 11-1875

9. AGE last birthday: 74 yrs. (If under 1 year: Months. / Days. If under 24 hrs.: Hours. / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Bradshaw MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Compton

14. MOTHER'S MAIDEN NAME: Julia Hedricks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Jake Bacon Cole

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypostatic Pneumonia	2
334 Antecedent cause(s) 97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized and Cerebral Arteriosclerosis	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Aug, 1949, that I last saw the deceased alive on 7 July, 1949, and that death occurred at 1.45 P. m., from the causes and on the date stated above.

SIGNATURE: Jno S. Lore (Degree or title) MD — ADDRESS: 1214 N. Calvert St Balto Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Aug 14 1949 — NAME OF CEMETERY OR CREMATORY: Monkton MD — LOCATION (City, town, or county) (State): Monkton MD

DATE REC'D BY LOCAL REG.: Aug. 14, 1949 — REGISTRAR'S SIGNATURE: Mrs Howard S. Markline

24. FUNERAL DIRECTOR: Howard S. Markline — ADDRESS: White Hall Md

VS. A15

RECEIVED
AUG 17 1949
BUREAU V. S.

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07545

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
LENGTH OF STAY (in this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1326 Stevens Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE 1326 Stevens Ave. Balto COUNTY Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural give location) 1326 Stevens Ave. Baltimore Co. Md

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Raymond Phillip Covell

4. DATE OF DEATH (Month) (Day) (Year) August 15 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 14-1890
9. AGE last birthday 59 yrs. If under 1 year Months 1 Days 1 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Bakery
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Charles Covell
14. MOTHER'S MAIDEN NAME Lena Loudensock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 215-09-9303
17. INFORMANT Mrs. Bertha Amelia Covill

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary Disease	1946
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Chronic Myocarditis	1946.
93d	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, to Aug 15, 1949, that I last saw the deceased alive on Aug 15, 1949, and that death occurred at 3:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W S Parson M.D. ADDRESS 1711 Selma Ave. DATE SIGNED Aug. 15-49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF August 18, 1949
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REG. 8/18/49
REGISTRAR'S SIGNATURE A. W. Hedrick Dr
24. FUNERAL DIRECTOR George L. Schwab ADDRESS 2101 Frederick Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07546

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON | LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS SHEPPARD-PRATT HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) PRESTON APARTMENTS

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) PASCAULT (Last) CRAYCROFT
4. DATE OF DEATH: (Month) AUGUST (Day) 16 (Year) 1949
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOW
8. DATE OF BIRTH: SEPT. 5, 1866
9. AGE last birthday: 82 yrs. | If under 1 year: Months Days | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): CECIL CO., MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: FRANK RIDEOUT PASCAULT
14. MOTHER'S MAIDEN NAME: KATHERINE HARTLEY LOSBY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MRS. FRANKLIN GRAUER (DECEASED'S DAUGHTER)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac failure	6 mo.
443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral arteriosclerosis	9 yrs. ±
93d	(c) Hypertensive arteriosclerotic cardiovascular disease	10 yrs. ±
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cystic degenerated left kidney	18 yrs. ±

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1949, to Aug 16, 1949, that I last saw the deceased alive on Aug. 15, 1949, and that death occurred at 1:35 A m., from the causes and on the date stated above.

SIGNATURE H. W. Elgin (Degree or title) M.D. ADDRESS Sheppard Pratt Hosp. DATE SIGNED Aug. 16, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 8/19/49 | NAME OF CEMETERY OR CREMATORY Springfield | LOCATION (City, town, or county) (State) Easton, Md.

DATE REC'D BY LOCAL REG. 8-17-49 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR H. H. Myers and Son ADDRESS 805 N. Calvert St.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

7

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07547

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8401 LOCH RAVEN BLVD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
STREET ADDRESS (If rural, give location) 8401 LOCH RAVEN BLVD.

3. NAME OF DECEASED (Type or Print) (First) JOSEPHINE (Middle) YODER (Last) CROW

4. DATE OF DEATH (Month) AUG. (Day) 19, (Year) 1949

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW
8. DATE OF BIRTH JAN. 3, 1897
9. AGE last birthday 52 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (State or foreign country) UNION TOWN, PENNA.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME JOHN H. YODER
14. MOTHER'S MAIDEN NAME LENA JACKSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT WILLIAM E. CROW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	Immediate
420.1 Antecedent cause(s)	(b) Coronary Sclerosis & Hypertensive Heart Disease	Several years.
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN., 1949, to 19 Aug., 1949, that I last saw the deceased alive on 13 Aug., 1949, and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE R. H. Allison (Degree or title) M.D. ADDRESS 4 Bankleigh Square Towson Bali. 4 Md. DATE SIGNED 19 Aug. 49

23. BURIAL, CREMATION REMOVAL (Specify) REMOVAL
DATE AUG. 21, 1949
NAME OF CEMETERY OR CREMATORY JOHNSON FUNERAL HOME
LOCATION (City, town, or county) (State) UNIONTOWN, PENNA.

DATE REC'D BY LOCAL REG. 8/20/49
REGISTRAR'S SIGNATURE W. Carroll Van Horn Deputy Local
24. FUNERAL DIRECTOR JOHN BURNS' SONS, ADDRESS TOWSON, MD.

RECEIVED
AUG 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore Co. Md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (In this place) 23 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 6730 Pine Avenue

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) WILLIAM (Last) DAKIN

4. DATE OF DEATH: (Month) Aug. (Day) 24, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3 Apr. 1895

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist Helper

10b. KIND OF BUSINESS OR INDUSTRY: Beth. Steel

11. BIRTHPLACE (State or foreign country): West Newton, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac Dakin

14. MOTHER'S MAIDEN NAME: Emma Gault

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO. 213-07-3910

17. INFORMANT: Mrs. Alice Reynolds Dakin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

150 Immediate cause (a) Carcinoma oesophagus. — Interval between onset and death: 1 yr.

46a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1949, to Aug 24, 1949, that I last saw the deceased alive on Aug 23, 1949, and that death occurred at 12 30 A m., from the causes and on the date stated above.

SIGNATURE David H. Andrew M.D. (Degree or title) ADDRESS 2 Kinship Rd. Dundalk DATE SIGNED Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 27 Aug. 1949
NAME OF CEMETERY OR CREMATORY: Oaklawn Cemetery
LOCATION (City, town, or county) (State): Eastern Av. Balto. Md

DATE REC'D BY LOCAL REG. 8/25/49
REGISTRAR'S SIGNATURE C. W. Hopkins

24. FUNERAL DIRECTOR: Walter Brooks Bradley ADDRESS 700 WILLOW SPRING RD. DUNDALK

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07549

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard, Md.
LENGTH OF STAY (in this place) 77 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS V.A.H.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Vienna
STREET ADDRESS (If rural, give location) Bx. 43

3. NAME OF DECEASED (Type or Print): (First) ELTON (Middle) (Last) DAVIS

4. DATE OF DEATH: (Month) August (Day) 27 (Year) 1949

5. SEX: M

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 10-3-08

9. AGE last birthday: 40 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): truck driver, farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Vienna, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Davis

14. MOTHER'S MAIDEN NAME: Susan Parker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If year, give war or dates of service): WW-2

16. SOCIAL SECURITY No.: unknown

17. INFORMANT AND ADDRESS: Clinical Rec. Vet. Adm. Hosp. Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive Cardiovascular Disease with Renal Shutdown	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gastro Intestinal Bleeding	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 11, 1949, to August 27, 1949, that I last saw the deceased alive on Aug. 27, 1949, and that death occurred at 2:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph Alvarez ADDRESS VAH, Ft. Howard, Maryland DATE SIGNED 8-27-49

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE: Sept. 1, 1949
NAME OF CEMETERY OR CREMATORY: Vienna Colored Cemetery
LOCATION (City, town, or county) (State): Vienna, Maryland

DATE REC'D BY LOCAL REG.: Aug. 29-49
REGISTRAR'S SIGNATURE: Dawson L. Harbin

24. FUNERAL DIRECTOR ADDRESS: J. J. Framptom & Son, Federalsburg, Md.

RECEIVED
AUG 30 1949
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07550

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridge Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) Ridge Rd Rural 7

3. NAME OF DECEASED (Type or Print) (First) Laura (Middle) b (Last) Davis

4. DATE OF DEATH (Month) Aug (Day) 11 (Year) 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Feby 17 1929
9. AGE last birthday 20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Elkton Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Harry W Davis
14. MOTHER'S MAIDEN NAME Olive Broadwater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Helen E Davis 1932 Parkley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

981
166

Immediate cause (a) Gun shot wound in head

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 22 Cal rifle

(c) Homicide

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home (CITY OR TOWN) Woodlawn (COUNTY) Balto (STATE) Md
TIME OF INJURY (Month) Aug (Day) 11 (Year) 49 (Hour) 6-45 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Shot in head 22 Cal. Rifle

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☑, undetermined ☐.*

SIGNATURE (Degree or title) Geo W Kieffer MD Deep Med Exam Balto Co
ADDRESS 1010 Leeds ave
DATE SIGNED Aug 11. 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 15 49
NAME OF CEMETERY OR CREMATORY Mt Olivet
LOCATION (City, town, or county) Balto city (State) Md

DATE REC'D BY LOCAL REG. 8/12/49
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR John J Cowan & Son
ADDRESS 901 Holland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07551

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrison — LENGTH OF STAY (in this place) 23 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrison
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrison Md	STREET ADDRESS (If rural, give location) Garrison

3. NAME OF DECEASED (Type or Print)	(First) Rosa	(Middle) Viola	(Last) DeVese	4. DATE OF DEATH	(Month) 8	(Day) 7	(Year) 1949
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M	8. DATE OF BIRTH 8-15-1892	9. AGE last birthday 56 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Fowblesburg Md			12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Frank Lockman			14. MOTHER'S MAIDEN NAME Blanche Burke				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service) -	16. SOCIAL SECURITY NO. None	17. INFORMANT Joseph G DeVese				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of uterus	1 yr
174 Antecedent cause(s)	(b) metastasis to lungs	6 mos.
486 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Cachexia & liver	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ✓	19b. MAJOR FINDINGS OF OPERATION ✓	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) None	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓	(CITY OR TOWN) ✓ (COUNTY) ✓ (STATE) ✓
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 1-1-47, 19..., to 8/7/49, that I last saw the deceased alive on 8/6, 1949, and that death occurred at 3 30 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James G. Saffell	N.D.	Reisterstown Md	8/8/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Aug 9 1949	NAME OF CEMETERY OR CREMATORY Trinity Lutheran Cem.	LOCATION (City, town, or county) Reisterstown	(State) Md
DATE REC'D BY LOCAL REG. 8-8-49	REGISTRAR'S SIGNATURE Dr E. E. Nichols	24. FUNERAL DIRECTOR Wm Berryman & Sons	ADDRESS Reisterstown Md	

Primer

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07552

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:

County: Baltimore

City or town: Relay (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 42 yrs

Hospital, institution, or street address where death occurred: 1801 Clarke Blvd

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: ~~Howard~~ Balto

City or town: Relay (If outside city or town limits, write RURAL and give nearest town)

Street No. 1801 Clarke Blvd (If rural, give LOCATION)

2.(a) If veteran, name war: none

3.(a) FULL NAME: Howard Diggs

3.(b) Social Security Number: 219-05-1487

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Martha E. Diggs

6.(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): Feb. 20 1866

8. AGE: Years: 83 Months: 5 Days: 27 If less than one day: ..... hrs. ..... min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual occupation: Bookkeeper

11. Industry or business: Gibbs & Co Inc

FATHER 12. Name: James Diggs

13. Birthplace: Virginia

MOTHER 14. Maiden name: Isabelle Barrington

15. Birthplace: Virginia Pa

16. Informant: Mrs Martha Diggs

Address: 1801 Clarke Blvd, Relay Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug. 15, 1949 (month) (day) (year)

Cemetery or crematory: Loudon Park Cem.

Location: Balto., Md.

18. Funeral director: WM. J. TICKNER & SONS

Address: Balto., Md.

19. Aug 13th 1949 (Date rec'd by registrar) R. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 12 1949, at 7 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1947, to Aug 12 1949 and that I last saw him alive on Aug 11 1949

Immediate cause of death: Myocardial Insufficiency — Duration: 2 yrs

Due to: General Arteriosclerosis — 6 yrs

Due to: Senility

Other conditions: Heat Exhaustion

422.1 93d (Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ..... Injured at work?

23. SIGNATURE: B. B. Brumbaugh M. D. or other

Address: 5609 Main St Elkridge 27 Md Date signed: 8/12/49

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

pc 07553

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY BALTIMORE, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL WOODLAWN
LENGTH OF STAY (in this place) 2 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS LEXINGTON & LAFAYETTE Rds.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE CITY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 626 MONROE ST. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MATILDA	GENEVE	DILLINGER	AUGUST	27	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
FEMALE	WHITE	WIDOWED	DEC. 12, 1877	71 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	NONE	PENNA.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM FISHER	— BUCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	DAUGHTER - MRS. BURKE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEREBRAL APOPLEXY

442 131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE CARDIO VASCULAR RENAL DISEASE

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NONE	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—			m.		—

22. I hereby certify that I attended the deceased from 8/19, 1949, to 8/27, 1949, that I last saw the deceased alive on 8/26, 1949, and that death occurred at 12:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edwin E. Pierpont	M.D.	9029 LIBERTY Rd. ROCKDALE 7, Md.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	AUG. 31 '49	LOUDON PARK	BALTIMORE	

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/31/49	[illegible]	HARRY H WITZKE	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07554

Reg. Dist. No. 42

1. PLACE OF DEATH · COUNTY: Ba ltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lansdowne
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3111 Hammonds Ferry Road.	STREET ADDRESS (If rural, give location): 3111 Hammonds Ferry Road

3. NAME OF DECEASED (Type or Print)	(First) BENJAMIN	(Middle) JASPER	(Last) DISNEY	4. DATE OF DEATH	(Month) (Day) (Year) Aug. 20, 1949 19
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower	8. DATE OF BIRTH: Apr. 9, 1875	9. AGE last birthday: 74 yrs.	If under 1 year: Months. Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sa lesman, retired	10b. KIND OF BUSINESS OR INDUSTRY: Grocery	11. BIRTHPLACE (State or foreign country): Anne Arundel County, Md.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME: William Disney	14. MOTHER'S MAIDEN NAME: Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT: George P. Atkinson, 2119 Penrose Ave., Baltimore, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	several years
Antecedent cause(s)	(b) Acute Cardiac Dilatation	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

422.2

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 1949, to Aug. 20, 1949, that I last saw the deceased alive on Aug. 18, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: Herbert C. Blake MD (Degree or title) ADDRESS: Med. Arts Bldg. DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 8/23/49	NAME OF CEMETERY OR CREMATORY: London Park	LOCATION (City, town, or county): Baltimore (State): Md
DATE REC'D BY LOCAL REG.: 8-23-49	REGISTRAR'S SIGNATURE: H. W. Hedrick	24. FUNERAL DIRECTOR: William Cook Inc 1217 St Paul St	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Evidence for change of age from physician is shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07555

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore Rodgers Forge — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 313 Murdock Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore Rodgers Forge
STREET ADDRESS (If rural, give location): 313 Murdock Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Francis	Donnelly	8/14/49		19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	~~Date~~ 1890 Unknown nor	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Accountant	Davis Chem. Corp.	Baltimore, Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Patrick Donnelly	Elizabeth McCann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. Mary N. Donnelly - 313 Murdock Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion — 15 mins.

260 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

61 (b) Diabetes Mellitus 12 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8-14, 19[illegible], to 8-14, 1949, that I last saw the deceased alive on 8-14-1949 12:45 AM, and that death occurred at 12:55 P.M., from the causes and on the date stated above.

SIGNATURE: Victor Richards M.D. — (Degree or title) — ADDRESS — DATE SIGNED: 8-14-49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/17/49	Cathedral	Baltimore, Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/15/49	Dan. Hedrick	H. H. Meare and Son	805 N. Calvert St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07556

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 Fairview Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; STREET ADDRESS (If rural give location) 1 Fairview Avenue

3. NAME OF DECEASED (Type or Print): (First) James; (Middle); (Last) Dorsey

4. DATE OF DEATH: (Month) Aug.; (Day) 22; (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1874

9. AGE last birthday: 75 yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Hoke - 1 Fairview Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mitral Insufficiency — Interval Between Onset and Death: 33 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteria - sclerosis — 450.0 / 92b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-20-, 1949, to 8-22-, 1949 that I last saw the deceased alive on 8-22-, 1949, and that death occurred at 2 A m., from the causes and on the date stated above. 8/24/49

SIGNATURE: C. J. Maloney, M.D. (Degree or title) ADDRESS: 57 Winterset Lane Balto. 28. Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8/24/49 — NAME OF CEMETERY OR CREMATORY: Rockville — LOCATION (City, town, or county) (State): Rockville Md.

DATE REC'D BY LOCAL REG. 8/24/49 — REGISTRAR'S SIGNATURE: A. W. Hedges

24. FUNERAL DIRECTOR: A. Halstead — ADDRESS: 919 Druid Hill Ave.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH Bc 07557

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 450

1. PLACE OF DEATH- COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1430 Hollins Street

3. NAME OF DECEASED (Type or Print) (First) PATRICK (Middle) A. (Last) DUFFY

4. DATE OF DEATH (Month) (Day) (Year) August 23 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 2/28/84
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant seaman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Scotland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Duffy
14. MOTHER'S MAIDEN NAME Delia Percy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW
16. SOCIAL SECURITY NO. 219-01-9888
17. INFORMANT AND ADDRESS Clin.Records, Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) TUBERCULOSIS, PULMONARY, BILATERAL, FAR ADVANCED ACTIVE	1 month plus
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 2, 1949, to Aug. 23, 1949, that I last saw the deceased alive on Aug. 23, 1949, and that death occurred at 11:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
H.C.MANAUGH, M.D., CHIEF, PROFESSIONAL SERVICES, VAH, FORT HOWARD, MD. 8/24/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8/26/49
NAME OF CEMETERY OR CREMATORY Balto. Nat. Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 8/25/49
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Thos. J. Kenny Inc. Gilmor & Hollins St. Balto., Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 47

Bc 07558

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

1. PLACE OF DEATH: COUNTY: Baltimore; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard; LENGTH OF STAY (in this place): 853 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard,Md.	STREET ADDRESS (If rural, give location): 3811 Canterbury Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE	Z	ECKELS	August	11	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	1-22-75	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Army Major	U. S. Army	Harrisburg, Pa.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William H. Eckels	Mary Zinn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WW I	- -	Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) PNEUMONIA, BILATERAL, HYPOSTATIC	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROSIS, DIFFUSE, PARTICULARLY IN BRAIN AND HEART	3 years
	(c)	

334 97

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4-11, 1947, to 8-11, 1949, that I last saw the deceased alive on 8-11, 1949, and that death occurred at 8:40 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. C. Manaugh	M.D., CHIEF, PROFESSIONAL SERVICES, VAH,	FORT HOWARD, MD.	8/12/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-16-49	Arlington National	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 13 1949	R.W. [illegible] Medick	Wm.J.Tickner & Sons	North & Penn.Ave. Baltimore, Md.

US A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07559

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Timonium — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mercy Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Timonium
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Leslie (Last) Enson

4. DATE OF DEATH: (Month) Aug (Day) 12 (Year) 1949

5. SEX M — 6. COLOR OR RACE W — 7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) Married — 8. DATE OF BIRTH 7-9-1882 — 9. AGE last birthday 66 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman — 10b. KIND OF BUSINESS OR INDUSTRY Contracting — 11. BIRTHPLACE (State or foreign country) Woodland, Balto Co Md — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Wm Reuben Enson — 14. MOTHER'S MAIDEN NAME Julia Hanson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. 218-07-8466 — 17. INFORMANT Mrs Mary E Enson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

163 Immediate cause (a) Carcinoma of Lungs — 6 mos

Antecedent cause(s)

472 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/12, 1949 to 8/12, 1949, that I last saw the deceased alive on 8/12, 1949, and that death occurred at 10 30 A.M., from the causes and on the date stated above.

SIGNATURE Bennett A. Stoer — (Degree or title) — ADDRESS Lutherville Md — DATE SIGNED 8/12/49

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) — DATE Aug 15-49 — NAME OF CEMETERY OR CREMATORY Parkwood — LOCATION (City, town, or county) Balto Co. — (State) Md

DATE REC'D BY LOCAL REG. Aug 13 1949 — REGISTRAR'S SIGNATURE R.W. Detrick — 24. FUNERAL DIRECTOR John Burnstone — ADDRESS 6107 York Rd Towson 4

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 20

075611

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
LENGTH OF STAY (In this place): 30yrs7mos2das
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRING GROVE STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND — COUNTY: BALTIMORE CITY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
STREET ADDRESS (If rural, give location): 122 S. Eden Street

3. NAME OF DECEASED (Type or Print): (First) FANNIE (Middle) (Last) EPSTEIN

4. DATE OF DEATH: (Month) 8 (Day) 5 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1886

9. AGE last birthday: 63 yrs. If under 1 year: Months ? Days 3 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? Russia

13. FATHER'S NAME: Max Adelman

14. MOTHER'S MAIDEN NAME: Anna Adelman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Records, Spring Grove Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure

443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (b) Hypertension Cardio Vascular Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Geo. M. Kieffer M.D. Asst. Med. Exam. — ADDRESS: Balto 10 1010 Leadenhall — DATE SIGNED: Aug 5 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-7-49 — NAME OF CEMETERY OR CREMATORY: Rosedale — LOCATION (City, town, or county): Balto — (State): Md

DATE REC'D BY LOCAL REG. 8-9-49 — REGISTRAR'S SIGNATURE: Victor E. Harry

24. FUNERAL DIRECTOR: Jack Lewis Inc — ADDRESS: 2100 Eutaw Pl

RECEIVED
AUG 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07561

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 2 Mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 139 Symington Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural give location) 139 Symington Ave.

3. NAME OF DECEASED (Type or Print): (First) A- Viola (Middle) (Last) Euler

4. DATE OF DEATH: (Month) Aug (Day) 21st (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/18/1909

9. AGE last birthday: 40 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Baltimore - Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Charles S. Lewis

14. MOTHER'S MAIDEN NAME: Abbey B. Airey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: George S. Euler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive Cardio-Vascular Disease, severe	10 yrs.
443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 932	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Raynaud's Disease — 10 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to aug 21, 1949, that I last saw the deceased alive on aug 19, 1949, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Leo J. Garen M.D. | 1 Mallow Hill Ave, Baltimore, Md | 8/23/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Aug. 24. 49 | NAME OF CEMETERY OR CREMATORY: Parkwood Cem. | LOCATION (City, town, or county) (State): Maryland

DATE REC'D BY LOCAL REG.: 8/24/49 | REGISTRAR'S SIGNATURE: A. W. Hedrick | 24. FUNERAL DIRECTOR: C. B. Tippett & Son | ADDRESS: 1300 Eutaw Pl.

VS. A15

(2) Copies.

MARYLAND STATE DEPARTMENT OF HEALTH

07562

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3F

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY BALTIMORE; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS PROVIDENCE ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY BALTIMORE; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON; STREET ADDRESS (If rural, give location) PROVIDENCE ROAD

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) (Last) EVERNGAM

4. DATE OF DEATH: (Month) AUGUST (Day) 26, (Year) 1949

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: FEB. 16, 1866

9. AGE last birthday: 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): LOUISA COUNTY, VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JAMES S. SHEPHERD

14. MOTHER'S MAIDEN NAME: MARY FRANCES WHEELER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: WILLIAM H. EVERNGAM, SR.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Insufficiency

422.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d (b) Generalized Arteriosclerosis

(c) Senility

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1st, 1949, to Aug 26th, 1949, that I last saw the deceased alive on Aug 25, 1949, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel J. Thos. Jenifer ADDRESS Towson 4, Md. DATE SIGNED 8/29/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL DATE Aug. 29 1949 NAME OF CEMETERY OR CREMATORY MORELAND MEMORIAL LOCATION (City, town, or county) (State) PARKVILLE, MARYLAND

DATE REC'D BY LOCAL REG. 8/31/49 REGISTRAR'S SIGNATURE H. W. Hedrick Dep.

24. FUNERAL DIRECTOR JOHN BURNS' SONS ADDRESS TOWSON, MD.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07563

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Wilson
LENGTH OF STAY (In this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mt.Wilson State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Pr.Geo.Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Seat Pleasant
STREET ADDRESS (If rural, give location): 508 - 68th Place

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Jane (Last) Fenner

4. DATE OF DEATH: (Month) Aug. (Day) 12 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 8/23/1883

9. AGE last birthday: 65 yrs. If under 1 year: Months 11, Days 20, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wash., D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Chas. ?

14. MOTHER'S MAIDEN NAME: Clara Fenton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: # Unknown

17. INFORMANT: Martha Jane Fenner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	About 5 mos.
002 Antecedent cause(s)		
138 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7/49

19b. MAJOR FINDINGS OF OPERATION: Lower left Lobectomy

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/5 ....., 1949, to 8/12 ....., 1949, that I last saw the deceased alive on 8/12 ....., 1949, and that death occurred at 4:40 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Stewart S Shaffer M.D. — Mt.Wilson, Md. — 8/12/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 8/15/49 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG. 8/12/49 — REGISTRAR'S SIGNATURE: Nolan R. Mayer

24. FUNERAL DIRECTOR — ADDRESS: Wm.J.Malley, 522 8th St., S.E., Wash. D.C.

Received by Dr. E E Nichols - 8-19-49

RECEIVED
AUG 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07564

Reg. Diat. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Arbutus

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? —

Hospital, Institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Arbutus

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 1254 Linden Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war .....

3.(a) FULL NAME Lillian R. Finkner

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: William G. Finkner

6.(c) If alive, give age: Dec'd years

7. Birth date of deceased (mo., day, yr.): 11 - 18 - 1881

8. AGE:

Years	Months	Days	If less than one day
67	8	24	— hrs. — min.

9. Birthplace: Baltimore - Md (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER 12. Name: John W. Schmidt

13. Birthplace .....

MOTHER 14. Maiden name: Mary Reardon

15. Birthplace .....

16. Informant: Family

Address: 1254 Linden Ave - Arbutus

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec - 8 - 49 (month) (day) (year)

Cemetery or crematory: New Cathedral

Location: Baltimore Md.

18. Funeral director: F. B. Wippert & Son

Address: 1300 Eutaw Place 17

19. 8/8/49 (Date rec'd by registrar) 19.....

A. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August - 4th 19 49, at 10:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19 48, to August 4 19 49 and that I last saw h...e alive on August 4 19 49

Immediate cause of death	DURATION
Arteriosclerotic Heart Disease	18 mos.
Due to	.....
Due to	.....
Other conditions	.....

420.0 930

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Earl Pass M.d M. D. or other

Address 4001 Wilkens Ave Date signed 8-6-49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4-X

07565

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ft. Howard; LENGTH OF STAY (in this place) 8 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural, give location) 424 N. Dallas Street

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) (Last) FLY

4. DATE OF DEATH: (Month) August (Day) 11, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-5-87

9. AGE last birthday: 62 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stevedore

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Conway, North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Fly

14. MOTHER'S MAIDEN NAME: Jane (M.N. Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart failure	1-1/2 Yrs.
420.0 Antecedent cause(s)	Arteriosclerosis, diffuse	Unknown
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Arteriosclerotic heart disease	1-1/2 Yrs.
	(c) Mural Thrombi, right auricle	Unknown
	Pulmonary Infarctions	Unknown

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Situs Inversus, complete life duration

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes XX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-3-, 1949, to 8-11-, 1949, that I last saw the deceased alive on 8-11-, 1949, and that death occurred at 6:10 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): R.R. Brandon, M.D. R.R. BRANDON, M.D.

ADDRESS: VAH, FT. HOWARD, MD.

DATE SIGNED: 8-11-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Aug. 15-49

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 8-15-49

REGISTRAR'S SIGNATURE: C.E. Hedrick

24. FUNERAL DIRECTOR: Leroy Wilson,

ADDRESS: Balto., Md.

mrg 1000 Brantly ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Bc 07566

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hereford, rural
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1112 W 40th St.

3. NAME OF DECEASED (Type or Print) (First) Jessie (Middle) Mary (Last) French

4. DATE OF DEATH (Month) August (Day) 27 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Dec. 22, 1897
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Parkton, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME James Carville Foster
14. MOTHER'S MAIDEN NAME Daisy Stiffler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT sister - Bessie Foster

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cachexia	1 mo.
171 Antecedent cause(s)		
48a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastatic carcinoma, skull, vertebrae, lung	1 yr.
	(c) Carcinoma cervix	4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 8, 1949, to Aug. 26, 1949, that I last saw the deceased alive on Aug. 26, 1949, and that death occurred at 4:45 a.m., from the causes and on the date stated above.

SIGNATURE Elizabeth B. Sherrill, M.D. (Degree or title) ADDRESS Cockeysville, Maryland DATE SIGNED Aug. 27, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug. 30-1949
NAME OF CEMETERY OR CREMATORY St. Mary's (Hamden)
LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 8/29/49
REGISTRAR'S SIGNATURE Wm. Hadnick
24. FUNERAL DIRECTOR Burgee Funeral Home ADDRESS 3631 Falls Road Baltimore

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07567

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: BALTIMORE
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE 28, MD.
LENGTH OF STAY (in this place): 14yr 4mo 5da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRING GROVE STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 1334 Glyndon Avenue
STREET ADDRESS (If rural, give location): Baltimore, Maryland

3. NAME OF DECEASED (Type or Print): (First) ADOLPH (Middle) R. (Last) FRINDT

4. DATE OF DEATH: (Month) 8 (Day) 9 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): ~~WIDOWED~~ married

8. DATE OF BIRTH: 6/14/1874

9. AGE last birthday: 75 yrs. If under 1 year: Months 1, Days 26, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): machinist

10b. KIND OF BUSINESS OR INDUSTRY: laborer

11. BIRTHPLACE (State or foreign country): Hungary - Czechoslovakia

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Louis Frindt

14. MOTHER'S MAIDEN NAME: Pauline Chawala

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY No.: no

17. INFORMANT AND ADDRESS: Hospital Records, Spring Grove Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) SURGICAL SHOCK, resulting from acute bilateral cellulitis and thrombophlebitis of lower extremities.	Immediate
420.0 Antecedent cause(s)	(b)	
934 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) ARTERIOSCLEROTIC HEART DISEASE	INDEF.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cardiac Failure	Immediate

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/4, 19 35, to 8/9, 19 49, that I last saw the deceased alive on 8/9, 19 49, and that death occurred at 10:30 p. m., from the causes and on the date stated above.

SIGNATURE: Isadore Tuerk (Degree or title) ADDRESS: ISADORE TUERK, M.D., CATONSVILLE 28, MARYLAND

DATE SIGNED: 8/10/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 8/13/49

NAME OF CEMETERY OR CREMATORY: Woodlawn Cem.

LOCATION (City, town, or county) (State): Woodlawn, Md

DATE REC'D BY LOCAL REG.: 8/11/49

REGISTRAR'S SIGNATURE: A. W. Hedgcock

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS

ADDRESS: Balto., Md.

07568

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) Frederick Road

3. NAME OF DECEASED (Type or Print) (First) EMIL (Middle) (Last) GATH MANN

4. DATE OF DEATH (Month) Aug (Day) 23 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Nov. 26, 1872
9. AGE last birthday 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) METALLURGIST
10b. KIND OF BUSINESS OR INDUSTRY Engineering
11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Louis Gathmann
14. MOTHER'S MAIDEN NAME Henrietta Schroeder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Helen Gathmann

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arterio Sclerotic Nephritis	1/2 yr.
450.0 Antecedent cause(s)	(b) Arterio Sclerosis	2 yrs.
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1948, to Aug-23, 1949, that I last saw the deceased alive on Aug-22, 1949, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE S. Lloyd Johnson (Degree or title) M.D. ADDRESS Catonsville, Md. DATE SIGNED Aug-24-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 8-25-49
NAME OF CEMETERY OR CREMATORY Western
LOCATION (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REG. 8/25/49
REGISTRAR'S SIGNATURE V. E. Harris
24. FUNERAL DIRECTOR George A. Farley Fulton Ave & Fayette St. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

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7

RECEIVED
AUG 29 1949
BUREAU Y. S.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 43

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Emma Anna George.

2. DATE OF DEATH 8/3/49

3. PLACE OF DEATH: A. Baltimore ~~City~~ County Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 45 Greenwood Ave

C. Length of stay in Baltimore 74 Yrs. 22 Mos. 22 Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Raspeburg, Md.

D. STREET ADDRESS (If rural, give location) 45 Greenwood Ave

5. SEX F.

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed.

8. DATE OF BIRTH May 12, 1875

9. AGE (In years last birthday) 74 — If Under 1 Year: Months 2, Days 22 — If Under 24 Hours: Hours 21, Min. 5

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.

10B. KIND OF BUSINESS OR INDUSTRY none.

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ~~Lettia~~ Henry Walter.

14. MOTHER'S MAIDEN NAME Anna Elizabeth ~~Walter~~ Langham.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none.

17. INFORMANT MRS. Margaret E. Ebert. ADDRESS 45 Greenwood Ave.

MEDICAL CERTIFICATION

1B. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Peripheral Circulatory Collapse. 5 days.

DUE TO

260 ANTECEDENT CAUSES

(B) Arteriosclerosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

61

(C) Diabetes Mellitus

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

old age.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 30, 1949 *to* Aug. 3, 1949, *that I last saw the deceased alive on* Aug 2, 1949 *and that death occurred at* 7 05 p. m., *from the causes and on the date stated above.*

23A. SIGNATURE Maurice L. Shaw M. O.

23B. ADDRESS 1431 N Kenhill Ave

23C. DATE SIGNED 8/3/49

24A. BURIAL, CREMATION, REMOVAL (Specify) burial

24B. DATE 8/6/49

24C. NAME OF CEMETERY OR CREMATORY St. Michaels Lutheran

24D. LOCATION (City, town, or county) (State) Perry Hall, Md.

DATE RECEIVED BY LOCAL REGISTRAR Aug 4-1949

REGISTRAR'S SIGNATURE Mrs. A. L. Reisnitz

25. FUNERAL DIRECTOR Lassahn Funeral Home

ADDRESS 7401 Belair Rd.

VS 150

MARGIN RESERVED FOR BINDING

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

RECEIVED
AUG 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Be 17570

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cor... is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brosing Holly Beach Ave. Point
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Essex

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 953 Gorsuch St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CARRIE	B.	GILL	Aug.	14,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Single	May 22, 1891	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Telephone Co.	Balto. Co. Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elisha Hauer	Ida Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no	?	Mrs. Elva P. Berry 710 St. Paul St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial failure	2 yrs -
334 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83d	(b) Arterial Hypertension - severe	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Hemiplegia - acute - pleural effusion — 1 yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ..., 1946, to Aug 14, 1949, that I last saw the deceased alive on Aug 8, 1949, and that death occurred at 11 00 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Thomas L. Worsley	M.D.	2900 Alameda Blvd -	Aug 15, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/17/49	Pleasant Grove Cem.	Balto. County, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/16/49	A.W. Bedrick	WM. J. TICKNER & SONS INC.	North & E. Balto. 17, Md.

VS. A15

07571

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1337 Poplar Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 1337 Poplar Ave

3. NAME OF DECEASED (Type or Print): (First) George (Middle) H (Last) Gore

4. DATE OF DEATH: (Month) Aug (Day) 4 (Year) 1949

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed | 8. DATE OF BIRTH Feb 13 1885 | 9. AGE last birthday 64 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Linotype | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) St Louis Mo | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Gore | 14. MOTHER'S MAIDEN NAME Susan Phelps

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Marguerite B. Burton wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac failure

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Geo Burkhardt MD Physician Balto 1010 Leadon Ave Aug 5th 49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF August 8th 49 | NAME OF CEMETERY ~~OR CREMATORY~~ Woodlawn | LOCATION (City, town, or county) Woodlawn (State) Md

DATE REC'D BY LOCAL REG. 8/5/49 | REGISTRAR'S SIGNATURE A. W. Hedrick | 24. FUNERAL DIRECTOR Mildred T. Blight | ADDRESS 6009 Harford Rd Balto 14, Md

VS. A15A

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc 17572

FILM No. G 121 AUG 12 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH · COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Towson
LENGTH OF STAY (in this place): 2⅓ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: The Sheppard & Enoch Pratt Hospital - Towson-4, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): St. James Apartments ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elise	Bossieux	Green	August	5	1949

5. SEX	6. COLOR OR RACE	7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F	W	~~married~~	Oct. 11, 1881	~~68~~ 67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	---	Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(?) Bossieux	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	-----	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac failure	2 days
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Cerebral arteriosclerosis	7 years
	(c) Chronic myocardial degeneration	7 years
	(d) Generalized arteriosclerosis	7 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile inanition: Senile psychosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May, 1946, to August, 1949, that I last saw the deceased alive on August 4, 1949, and that death occurred at 1:45 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Harry W. Murdock M.D.			

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-6-49	Druid Ridge	Pikesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/5/49	H. W. Hedrick Dep	John O. Mitchell & Sons, Inc. - Mahlon B. Mitchell, vice-pres.	1900 Eutaw Pl.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Welby Green

07573

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore Riderwood MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Riderwood Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riderwood Md
STREET ADDRESS (If rural give location) Riderwood Md.

3. NAME OF DECEASED (Type or Print) (First) Welby (Middle) W (Last) Green

4. DATE OF DEATH (Month) Aug (Day) 25 (Year) 1949

5. SEX Male
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Feb 4 1890
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Rockhill Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Edmond Green
14. MOTHER'S MAIDEN NAME Sarah Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Edgar Green

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	2 days
153 Antecedent cause(s)	(b) Intestinal obstruction	wk
46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Carcinoma of Sigmoid.	1/2 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/12, 1948, to Aug 25, 1949, that I last saw the deceased alive on 8/24, 1949, and that death occurred at 5.40 A.m., from the causes and on the date stated above.

SIGNATURE Bennett A. Stoen (Degree or title) ADDRESS Lutherville. DATE SIGNED Aug 25, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE Aug 27/49
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) Bluemont (State) Va

DATE REC'D BY LOCAL REG. Aug. 27 1949
REGISTRAR'S SIGNATURE R.W. [illegible]
24. FUNERAL DIRECTOR Mrs Robt. A. Elliott & Dgt. ADDRESS 1129 N. Carolina St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07574

CERTIFICATE OF DEATH

Reg. Dist. No. 4 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middle River, Md.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ivy Hall

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md.
COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middle River, Md.
STREET ADDRESS (If rural give location): Bird River Rd. #92 Route 14

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GERTRUDE	H.	GREIF	Aug.	16th	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	married	June 7th, 1907	42 yrs.	2	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home		Baltimore County, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. Bierman	Mary Peters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mr. Harry M. Greif

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary edema	2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchial asthma; cor pulmonale	Since 1942.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocardial infarction, Suspected

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 1, 1942, to Aug 16, 1949, that I last saw the deceased alive on Aug 16, 1949, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Harvey L. Fuller	MD	Rage Rd. Baltimore 6	Md.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	8/20/49	Oak Lawn	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/18/49	A W Hedrick	Lassahn Funeral Home	7401 Belair Rd.

DB

Dr. Golley

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07575

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore Co. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville — LENGTH OF STAY (in this place) — MARYLAND — HOSPITAL OR INSTITUTION OR STREET ADDRESS 3109 Texas Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Parkville — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore — STREET ADDRESS (If rural, give location) 3109 Texas Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Helen	Redford	Grinath	August	1	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	separted	Nov 21 1908	40 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Richmond, Virginia — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: David Wilson Redford — 14. MOTHER'S MAIDEN NAME: Coralani Woodson Brewer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Mrs. J. Collurafici, 3109 Texas Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 002 138

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/15, 1949, to 8/1, 1949, that I last saw the deceased alive on 8/1, 1949, and that death occurred at 10, a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Myers. Golley	MD	5303 Harford Rd Baltimore Md	8/1/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-4-49	Maury Cemetery	Richmond, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/2/49	A. W. Hedrick MD	Leonard J. Ruck,	5305 Harford Road.

CERTIFICATE OF DEATH

Registered No. 32 17576

BIRTH NO.

1. NAME OF DECEASED (Type or Print): William Haase

2. DATE OF DEATH: Aug 16 49

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Pikesville

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Augsburg Home

c. Length of stay in Baltimore: 10 Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY: Richmond Va
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ironical
D. STREET ADDRESS (If rural, give location): Campfield Rd

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W.	Widower	Mar 6. 1862	87		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10B. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Gottlieb

14. MOTHER'S MAIDEN NAME: Ann Johanna

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or onkoown): —
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Records — ADDRESS: Augsburg Home

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arterio Sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

DUE TO

(B) Generalized Arterio Sclerosis — 5 yrs.

DUE TO

(C) —

420.0 ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

93d

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify): No

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June - 5, 1945, *to* Aug. 16, 1949, *that I last saw the deceased alive on* Aug. 13, 1949, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23A. SIGNATURE: Earl L. Chambers M. D.

23B. ADDRESS: 4108 Liberty Hts Ave

23C. DATE SIGNED: 8/16/49

24A. BURIAL, CREMATION, REMOVAL (Specify): Removal

24B. DATE: Aug 17. 49

24C. NAME OF CEMETERY OR CREMATORY: —

24D. LOCATION (City, town, or county) (State): Richmond Va.

DATE RECEIVED BY LOCAL REGISTRAR: 8-17-49

REGISTRAR'S SIGNATURE: C. W. Hedrick

25. FUNERAL DIRECTOR: L. HECMANN SON

ADDRESS: 6067 HARFORD Rd

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07577

CERTIFICATE OF DEATH

Reg. Dist. No. 45

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard | LENGTH OF STAY (in this place) 129 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) Box 349 A Old North Pt. Road

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) W. (Last) HALBERG

4. DATE OF DEATH: (Month) August (Day) 6, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-14-91

9. AGE last birthday: 58 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Charles Halberg

14. MOTHER'S MAIDEN NAME: Gilda Olson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin. Rec. Vets. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Anoxia	12 Hrs.
241 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 112	(b) Bronchial Asthma and	10 Yrs.
	Pneumonia	24 Hrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes XXX No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-30-, 1949, to 8-6-, 1949, that I last saw the deceased alive on 8-6-, 1949, and that death occurred at 10:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Milton Ginsberg M.D. | ADDRESS: VAH, FT. HOWARD, MD. | DATE SIGNED: 8-6-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Aug. 10-49 | NAME OF CEMETERY OR CREMATORY: Balto Natl. | LOCATION (City, town, or county) (State): Fed. Rd. Balto.

DATE REC'D BY LOCAL REG.: 8/8/49 | REGISTRAR'S SIGNATURE: Henry Crusoe

24. FUNERAL DIRECTOR: John F. Connelly | ADDRESS: Essex

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07578

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowley's Quarters
LENGTH OF STAY (in this place) 23 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Church Creek.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Martin (Last) Hamer.
4. DATE OF DEATH (Month) Aug (Day) 15 (Year) 49.
5. SEX Male.
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed.
8. DATE OF BIRTH Jan 9/1887
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pleasure Club. Tavern.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOHN. Hamer.
14. MOTHER'S MAIDEN NAME Dora Hartman.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Frederick M. Hamer.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Immediate

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

940 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W M Carmine M.D. Deputy Medical Examiner Balto Co. Dundalk 22 Md 8/15/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/18/49
NAME OF CEMETERY OR CREMATORY Mt Carmel
LOCATION (City, town, or county) (State) O'Donnell St

DATE REC'D BY LOCAL REG. 8/16/49
REGISTRAR'S SIGNATURE A W Hedrick
24. FUNERAL DIRECTOR Clarence F. Hoffman ADDRESS 1639 Broadway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07579

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH · COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS at home

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) Fred'k & Beechwood

3. NAME OF DECEASED (Type or Print) (First) Virginia (Middle) Bowie (Last) Head

4. DATE OF DEATH (Month) Aug (Day) 13 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5-14-1869
9. AGE last birthday 79 yrs. If under 1 year: Months 6 Days 8 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Prince George Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Charles Bowie
14. MOTHER'S MAIDEN NAME Isabele Richardson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. NONE
17. INFORMANT Mr. C. V. Helfrich (nephew) Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio - Sclerosis

(c)

331
83a

INTERVAL BETWEEN ONSET AND DEATH 4½ yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1945, to Aug-13 1949, that I last saw the deceased alive on Aug-11, 1949 and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE S. Lloyd Johnson (Degree or title) M.D. ADDRESS Catonsville Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug-15/49
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) Balto. Md. (State)

DATE REC'D BY LOCAL REG. 8/15/49
REGISTRAR'S SIGNATURE Hilo Hedrick
24. FUNERAL DIRECTOR Stewart & Morrell Co. ADDRESS Balto.

Dm

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

CERTIFICATE OF DEATH

Registered No. 30 17580

BIRTH NO.

1. NAME OF DECEASED (Type or Print): HARRIETT E. HENZLER

2. DATE OF DEATH: Aug. 24, 1949

3. PLACE OF DEATH: A. Baltimore ~~City~~ Maryland Catonsville

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 206 Westshire Rd.

c. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Catonsville
D. STREET ADDRESS (If rural, give location): 206 Westshire Rd.

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 8, 1867
9. AGE (In years last birthday): 82 yrs. If Under 1 Year: Months / Days. If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10B. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Dorsey
14. MOTHER'S MAIDEN NAME: Margaret McLane

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT: Miss Catherine G. Henzler ADDRESS: 206 Westshire Rd

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 months

DUE TO

(B)

DUE TO

(C)

422.2 93d

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 24, 1949 *to* Aug 24, 1949, *that I last saw the deceased alive on* Aug 24, 1949, *and that death occurred at* 2 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: L. A. Lally M. D.
23B. ADDRESS: 3517 Edmondson Ave
23C. DATE SIGNED: Aug 25th 1949

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 8/27/49
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
24D. LOCATION (City, town, or county) (State): Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR: 8/26/49
REGISTRAR'S SIGNATURE: A. W. Hofmann
25. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

VS-150

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Evidence for addition of #21 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

BE 07581

FILM No. G 121 AUG 22 1949

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard; LENGTH OF STAY (in this place): 5 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural, give location): 242 Forrest Street

3. NAME OF DECEASED (Type or Print): (First) ARCHIE (Middle) (Last) HILL

4. DATE OF DEATH: (Month) August (Day) 4, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 7-17-1890

9. AGE last birthday: 59 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Raleigh, N. C.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Clin. Rec. Vets. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

591 **Immediate cause** (a) Acute Nephrosis

107 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Aspiration Pneumonia

(c) Further report will be submitted following the toxicological examination)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Natural causes. Toxicology negative. (8/22/49 - ams.)

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes XX No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy XX, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: M.B. DAVIS, M.D. | (Degree or title): Deputy Med. Examiner | ADDRESS: Dundalk, Md. | DATE SIGNED: 8/4/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 8/8/49 | NAME OF CEMETERY OR CREMATORY: Baltimore National | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 8/8/49 | REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR: Joseph G. Locks, Funeral Home | ADDRESS: Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07582

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Baltimore County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase Md
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3707 Clarinth Road

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) Hoffman (Last)
4. DATE OF DEATH (Month) Aug (Day) 30 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept 7, 1898
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Business
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Hoffman
14. MOTHER'S MAIDEN NAME Fannie Rostov

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes - W.W.I (If yes, give war or dates of service) 1918 - 1918 Oct. Dec
16. SOCIAL SECURITY NO.
17. INFORMANT Janet Hoffman 3707 Clarinth Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 2-3 hrs.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. B. Davis MD (Degree or title) Dept. Med. Exam. Balto Co. ADDRESS Dundalk Md DATE SIGNED 8/30/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 31.1949
NAME OF CEMETERY OR CREMATORY Arlington Cemetery
LOCATION (City, town, or county) Baltimore Md (State)

DATE REC'D BY LOCAL REG. 8/31/49
REGISTRAR'S SIGNATURE A.W. Heduck
24. FUNERAL DIRECTOR Sol Levinson & Bros
ADDRESS 1126 W North Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 47 — 17583

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard — LENGTH OF STAY (in this place): 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1436 May Court ✓

3. NAME OF DECEASED (Type or Print): (First) JESSE (Middle) T. (Last) HORTON
4. DATE OF DEATH: (Month) August (Day) 14, (Year) 1949
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7-10-17
9. AGE last birthday: 32 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Portsmouth, Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Jesse Horton
14. MOTHER'S MAIDEN NAME: Ethel Chatum
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If year, give war or dates of service): WW-2
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia, lobar, left lower and upper lobes — 4 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhage, abdominal, source unknown — Unknown

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-11-, 1949, to 8-14-, 1949, that I last saw the deceased alive on 8-14-49, 1949, and that death occurred at 9:57 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

H.C. MANAUGH, M.D. Chief Pro. Ser. VAH, Ft. Howard, Md. 8-15-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 8/18/49 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 8/16/49 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR — ADDRESS: Charles R. Law, 802 Madison Ave.,Balto.,Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

117584

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1702 Division Street

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) (Last) HOWARD

4. DATE OF DEATH: (Month) August (Day) 22 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7/4/98

9. AGE last birthday: 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Howard

14. MOTHER'S MAIDEN NAME: Lizzie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: 218-09-8502

17. INFORMANT AND ADDRESS: Clin. Records, Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PULMONARY TUBERCULOSIS — Interval between onset and death: Unknown

002 Antecedent cause(s)

13t Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 16, 1949, to Aug. 22, 1949, that I last saw the deceased alive on Aug. 22, 1949, and that death occurred at 9:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. C. MANAUGH, M.D., CHIEF, PROFESSIONAL SERVICES, VAH, FORT HOWARD, MD. 8/23/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 8/26/49 — NAME OF CEMETERY OR CREMATORY: Balto. Nat. Cemetery — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 8/24/49 — REGISTRAR'S SIGNATURE: R. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Charles R. Law, 802 Madison Ave. Balto. Md

98

07585

Evidence for addition in #21 shown on:

FILM No. G 122 SEP 26 1949

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Bc

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (In this place) 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1818 Fleet Street

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) - - (Last) HYBEZYNSKI

4. DATE OF DEATH (Month) August (Day) 31 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 4-11-88
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packing House Worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Michael Hybezynski
14. MOTHER'S MAIDEN NAME Annastatia Novak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Clin.Rec.Vets.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) POST-OPERATIVE SHOCK	30 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) OPEN REDUCTION OF FRACTURE, LEFT HUMERUS	
	(c)	

904.0
186a

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 8/30/49
19b. MAJOR FINDINGS OF OPERATION Open reduction comminuted fracture, left humerus
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) 8 (Day) 29 (Year) 1949 (Hour) A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? fell (9/26/49 akc) Following Operation for fracture

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. Deply Medical Examiner Balto Co. Dundalk 22 Md 9/1/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9/3/49
NAME OF CEMETERY OR CREMATORY St.Stanislaus, Balto.,Md.
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 9/2/49
REGISTRAR'S SIGNATURE A. H. Hedrick
24. FUNERAL DIRECTOR Michael Sadowski ADDRESS 1808 Eastern Ave.,Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Bc 07586

Reg. Dist. No. 47

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard — LENGTH OF STAY (in this place): 21 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.	STREET ADDRESS (If rural, give location): 1903 W. Lafayette Ave.

3. NAME OF DECEASED (Type or Print) (First) ARCHIE (Middle) JONES (Last)			4. DATE OF DEATH (Month) August (Day) 23 (Year) 1949	
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: 1/18/17	9. AGE last birthday: 32 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): End welder	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Tillory, N.C.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Moses Jones			14. MOTHER'S MAIDEN NAME: Lulu Johnson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WWII	16. SOCIAL SECURITY NO.: 217-07-2159		17. INFORMANT AND ADDRESS: Clinical Records, Vet.Adm.Hosp.Ft.Howard,Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMA OF LIVER	6 mos.
156.1 Antecedent cause(s)		
46f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 2, 1949, to Aug. 23, 1949, that I last saw the deceased alive on Aug. 23, 1949, and that death occurred at 4:00 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. MANAUGH, M.D.,	CHIEF, PROFESSIONAL SERVICES,	VAH, FORT HOWARD, MD.	8/24/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Aug. 29-49	NAME OF CEMETERY OR CREMATORY: Balto. Nat. Cemetery	LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REG.: 8/25/49	REGISTRAR'S SIGNATURE: A. W. [illegible]	24. FUNERAL DIRECTOR: Elroy Wilson, 1000 Brantley Ave.	ADDRESS: Balto. M.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07587

Reg. Dist. No. 44

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riviera Beach, Pasadena
STREET ADDRESS (If rural, give location): Harlem Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOHN	PAUL	JONES	August 22 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	5/22/92	57 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bookkeeper		Dowelltown, Tenn.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Jones	Eliza Whaley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WW	219-22-7156	Clin.Records, Vet. Adm.Hosp., Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARCINOMA OF BODY OF PANCREAS WITH EXTENSIVE METASTASES — 6 mos.

157 Antecedent cause(s)

469 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 27, 1949, to Aug. 22, 1949, that I last saw the deceased alive on Aug. 22, 1949, and that death occurred at 3:30 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

H. C. MANAUGH, M.D., CHIEF, PROFESSIONAL SERVICES, VAH, FORT HOWARD, MD. — 8/23/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	AUG. 26 1949	Baltimore National Cemetery	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/26/49	A. W. Hedrick	Harry H. Witzke,	4101 Edmondson Ave. Balto.

DR

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07588

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 6945 Herman Hill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; STREET ADDRESS (If rural, give location) 6945 Herman Hill Road

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) (Last) KASPRZYK

4. DATE OF DEATH: (Month) AUG. (Day) 1ST (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1879

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Wojdanowicz

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs Andrew Kasprzyk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval between onset and death: —

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

940

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): None

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: W D Davis M.D. (Degree or title) Deputy Med. Exam. ADDRESS Dundalk, Md. DATE SIGNED 8/2/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 5 '49 — NAME OF CEMETERY OR CREMATORY: Holy Rosary Cem. — LOCATION (City, town, or county) (State): Baltimore County

DATE REC'D BY LOCAL REG. 8/3/49 — REGISTRAR'S SIGNATURE: D W Hedrick

24. FUNERAL DIRECTOR: John H. Weber — ADDRESS: 401 S. Chester St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

B 47589

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville; LENGTH OF STAY (in this place) since 9/29/43
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY ~~Baltimore~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural, give location) 2608 Hudson Street

3. NAME OF DECEASED (Type or Print): (First) Marion; (Middle); (Last) KASZUBSKI
4. DATE OF DEATH: (Month) August; (Day) 14; (Year) 1949
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 7/6/1872
9. AGE last birthday: 77 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): repairman for R. R.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY? Poland
13. FATHER'S NAME: Jacob KASZUBSKI
14. MOTHER'S MAIDEN NAME: Mary Ann PRACKA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital records, Spring Grove Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart failure	30 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic right Myocardial Insuf.	indef.
	(c) Hypertensive C. V. Dis.	indef.

443 793

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/29/1943 to Aug. 14, 1949, that I last saw the deceased alive on Aug. 14, 1949, and that death occurred at 3:55 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Abraham M. Schneidmuhl, M. D.
ADDRESS: Spring Grove State Hospital
DATE SIGNED: 8/14/1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: Aug 18-49
NAME OF CEMETERY OR CREMATORY: Holy Rosary Cemetery
LOCATION (City, town, or county) (State): German Hill Rd

DATE RECD BY LOCAL REG. 8/17/49
REGISTRAR'S SIGNATURE: K. W. Hedrick
24. FUNERAL DIRECTOR: John J. Duda
ADDRESS: 2829 Hudson

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0747 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Baltimore

City or town: Halethorpe (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Baltimore

City or town: Halethorpe (If outside city or town limits, write RURAL and give nearest town)

Street No. 1801 Fairview Ave (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Mary Adelaide Kyne

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married.

6.(b) Name of husband or wife: Thomas E. Kyne

6.(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): Dec 1, 1895

8. AGE: Years	Months	Days	If less than one day
53	8	12	..... hrs. ..... min.

9. Birthplace: Baltimore Md (Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business

FATHER — 12. Name: P. William Hellbach

FATHER — 13. Birthplace: Baltimore Md.

MOTHER — 14. Maiden name: Mary Halbach

MOTHER — 15. Birthplace: New Orleans La.

16. Informant: Thomas E. Kyne

Address: 1801 Fairview Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 16 1949 (month) (day) (year)

Cemetery or crematory: New Cathedral

Location: Balto City

18. Funeral director: Mr. Mrs. John W. Teufel & Son

Address: 5311 Edmondson Ave.

19. 8/15 1949 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 13 1949, at 10 35 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1947 to Aug. 17 1949 and that I last saw h.. alive on Aug. 17 1949

Immediate cause of death	DURATION
Cerebral Thrombosis	one
Due to: Hypertensive Cardio-Vascular Disease	years.
Due to:	
Other conditions: Rt. Hemiplegia.	

443 93d (Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Charles Tommasello M.D. M. D. or other

Address: 900 W. Lombard St Date signed: Aug. 14-49

Evidence for addition in #13c shown on:

08303

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 122 OCT 17 1949

Reg. Dist. No. 38

1. PLACE OF DEATH COUNTY Balto. MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson LENGTH OF STAY (In this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS Towson Convalescent Home 301 W. Chesapeake Ave.	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Balto. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt STREET ADDRESS (If rural, give location) 712 F St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ERNEST	FREDERICK	KNABE	Aug.	7	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
male	white	married	June 27, 1888	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ass't. Supt.	Steel	Baltimore	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frederick L. Knabe	Emma Gross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no		Mrs. Anna S. Knabe 712 F St., Sparrows Point, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Pulmonary Edema	8 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive Heart Failure	2 days
223 572	(c) Brain Tumor - Malignant - Primary site. (10/14/49 as)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8/6, 1949, to 8/6, 1949, that I last saw the deceased alive on 8/6, 1949, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Tor. A. Sedlacek, M.D.	200 W. Penna. Ave Towson 4 Md	8/8/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/10/49	Druid Ridge Cem.	Pikesville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/9/49	C. W. Hedrick	WM. J. TICKNER & SONS	Balto., Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

017590

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Seabright Ave -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk - 22; STREET ADDRESS (If rural give location) 9 Seabright Ave

3. NAME OF DECEASED (Type or Print): (First) Bernadette (Middle) Marie (Last) Komornik

4. DATE OF DEATH: (Month) Aug. (Day) 18 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Divorced

8. DATE OF BIRTH: Dec 19, 1911

9. AGE last birthday: 37 yrs. If under 1 year: Months 7 Days 29; If under 24 hrs.: Hours 13 Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Feed mill

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Louisville Ky.

12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Joseph William Seckert

14. MOTHER'S MAIDEN NAME: Mary Loretta Hutton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-20-5646

17. INFORMANT: Mabel Dembrosky - sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Granulosis Cell Carcinoma of both ovaries

175 Antecedent cause(s)

49a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Before Feb. 1949.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb 1949

19b. MAJOR FINDINGS OF OPERATION: Granulosis Cell Ca. of Ovaries

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 4, 1949, to Aug 18, 1949, that I last saw the deceased alive on Aug 18, 1949, and that death occurred at 1:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Howard Burns M.D. 59 Dundalk Ave. Dundalk 22 Md Aug 18, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE 22 Aug. 49; NAME OF CEMETERY OR CREMATORY Sacred Heart; LOCATION (City, town, or county) (State) Old Eastern Ave Rd.

DATE REC'D BY LOCAL REG. 8-19-49; REGISTRAR'S SIGNATURE C. A. Hedrick

24. FUNERAL DIRECTOR ADDRESS Walter Brooks Bradley 700 Willow Spring Road, Dundalk

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

17591

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 56 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) Shore Road, Rt. #3.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	P.	KUNGIS	August	3	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Divorced	10-29-94	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machine Operator		Russia	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Kungis	Anna Marvel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW I	220-01-8114	Clin.Rec.Vets.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cirrhosis of Liver	Unknown
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

581.0

124b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6-8, 1949, to 8-3, 1949, that I last saw the deceased alive on 8-3, 1949, and that death occurred at 8:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. Manaugh	H.C. MANAUGH, M.D.	Chief Pro. Services VAH, Ft. Howard, Md.	8-4-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 5, 1949	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-4-1949	Henry Cuna	Mildred T. Blight	6009 Harford Rd Balto 14 Md

RECEIVED
AUG 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Bc 07593

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place) 7½ months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Pleasant Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2032 Linden Ave.

3. NAME OF DECEASED (Type or Print) (First) ASHER (Middle) (Last) LEVIN

4. DATE OF DEATH (Month) August (Day) 13 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 1870
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joshua Levin
14. MOTHER'S MAIDEN NAME Bessie Linden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 212-14-2941
17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Failure

162 Antecedent cause(s)

47C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congestive Heart Failure

(c) Bronchogenic Carcinoma

INTERVAL BETWEEN ONSET AND DEATH: 8 months; 10 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 28, 1949, to August 13, 1949, that I last saw the deceased alive on August 13, 1949, and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) T. Rudnell MD. ADDRESS Mt. Pleasant Sanatorium DATE SIGNED 8/13/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug 14, 1949
NAME OF CEMETERY OR CREMATORY Arlington Cemetery
LOCATION (City, town, or county) (State) Rogers Ave Balto Md

DATE REC'D BY LOCAL REG. Aug 13th 1949
REGISTRAR'S SIGNATURE R.W. H.W. Heduck
24. FUNERAL DIRECTOR Sol Levinson & Bros ADDRESS 1126 W North ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

07594

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH — COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SPARKS — LENGTH OF STAY (in this place): 6 MOS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MD — COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL. SPARKS
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) LAURA (Middle) BELLE (Last) LLOYD
4. DATE OF DEATH: (Month) Aug (Day) 3 (Year) 1949
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW
8. DATE OF BIRTH: JUNE 11, 1865
9. AGE last birthday: 84 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): BALTIMORE CO
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: SAMUEL BULL
14. MOTHER'S MAIDEN NAME: ROSE ANN WILHELM
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If year, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: CHARLES E LLOYD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Thrombosis — 3 days

170 Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Left Breast — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to Aug 3, 1949, that I last saw the deceased alive on Aug. 2, 1949, and that death occurred at 9 30 p m., from the causes and on the date stated above.

SIGNATURE: Milner Bortner (Degree or title) M.D. — ADDRESS: White Hall — DATE SIGNED: Md.

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: Aug-6-1949 — NAME OF CEMETERY OR CREMATORY: WISEBURG — LOCATION (City, town, or county): WHITE HALL (State): MD

DATE REC'D BY LOCAL REG.: Aug 5/49 — REGISTRAR'S SIGNATURE: Wiener C Ensor
24. FUNERAL DIRECTOR: Howard S. Marklin — ADDRESS: White Hall, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 9 1949
BUREAU V. S.

07595

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural give location) 506 Sudbrook Rd.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Henry (Last) Long
4. DATE OF DEATH (Month) August (Day) 5 (Year) 1949
5. SEX M.
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MM
8. DATE OF BIRTH Aug 6, 1852
9. AGE last birthday 96 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Transportation
10b. KIND OF BUSINESS OR INDUSTRY Freight
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME Henry Long
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT Mrs. William R MacCallum

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	48 hours
450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 107	(b) Generalized arteriosclerosis	20 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Aug, 1949, to 5 Aug, 1949, that I last saw the deceased alive on 5 Aug, 1949, and that death occurred at 5:00 P m., from the causes and on the date stated above.

SIGNATURE Paul H Royse M.D. (Degree or title) ADDRESS Pikesville 8 DATE SIGNED 5 Aug 49 Maryland

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 8, 1949
NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery
LOCATION (City, town, or county) Hanover York Co Pa (State)
DATE REC'D BY LOCAL REG. 8-6-49
REGISTRAR'S SIGNATURE Dr. E. E. Nichols
24. FUNERAL DIRECTOR W. A. Freiser, Hanover Pa ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH ec 07596

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Baltimore
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md.
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 3420 Ravenwood Avenue

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) WILLARD (Last) MARASKEY

4. DATE OF DEATH: (Month) August (Day) 18, (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Jan. 3, 1949

9. AGE last birthday: yrs. If under 1 year: Months 8, Days, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Willard A. Maraskey

14. MOTHER'S MAIDEN NAME: Diana Beaulieu

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Parents - 3420 Ravenwood Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

751 / 757a

Immediate cause (a) Bronchopneumonia — Interval Between Onset and Death: 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hydrocephalus — Birth

(c) Spina Bifida — Birth

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949 to Aug 17, 1949, that I last saw the deceased alive on Aug 16, 1949, and that death occurred at 9 30 a.m., from the causes and on the date stated above. 8-17-49

SIGNATURE (Degree or title): Robert R. Williams M.D. ADDRESS: 2515 Taylor Ave. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 8/20/49
NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
LOCATION (City, town, or county) (State): 4430 Belair Rd. Baltimore, Md.

DATE RECD BY LOCAL REG. 8/18/49
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH 07597

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1809 Wilson Point Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) 1809 Wilson Point Road

3. NAME OF DECEASED (Type or Print): (First) Sophia (Middle) (Last) Marshall

4. DATE OF DEATH: (Month) August (Day) 6 (Year) 1949

5. SEX F. | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W. | 8. DATE OF BIRTH Aug. 16, 1879 | 9. AGE last birthday 69 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Germany | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME David Vogel | 14. MOTHER'S MAIDEN NAME Christina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Jesse C. Marshall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 2 hrs

Antecedent cause(s) 331 / 330 — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension — 4 mos
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 19 49 to Aug., 19 49, that I last saw the deceased alive on 8-2, 19 49, and that death occurred at 7 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas B Quigley M.D. | ADDRESS 815 Eastern Ave | DATE SIGNED 8/8/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE Aug 9, 1949 | NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery | LOCATION (City, town, or county) Baltimore Co., Md. (State)

DATE REC'D BY LOCAL REG. Aug 8-1949 | REGISTRAR'S SIGNATURE F. M. Kelly Jr. | 24. FUNERAL DIRECTOR Roland L. Fuchs, Dundalk, Md. | ADDRESS

RECEIVED
AUG 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07598

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard, | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm. Hosp. Fort Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Martinsburg
STREET ADDRESS (If rural, give location) 700 West King St.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) J (Last) McKEE
4. DATE OF DEATH: (Month) August (Day) 27 (Year) 1949
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-19-95
9. AGE last birthday: 53 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clerk
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jefferson Co.W.Va.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles McKee
14. MOTHER'S MAIDEN NAME: Mary C. Hess
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): Army
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT AND ADDRESS: Clinical Records Vets.Adm.Hosp.Ft.Howard,Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Subarachnoid hemorrhage — 36 hrs.

443 / 131a Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive heart disease — 4 yrs.plus

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Chr. glomerulonephritis — 4 yrs.plus

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-25, 1949, to 8-27, 1949, that I last saw the deceased alive on Aug. 27, 1949, and that death occurred at 2:10A m., from the causes and on the date stated above.

SIGNATURE Joseph Alvarez (Degree or title) | ADDRESS | DATE SIGNED

JOSEPH ALVAREZ, M.D. VAH FT.HOWARD, MD. 8-27-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Aug. 29. 49 | NAME OF CEMETERY OR CREMATORY: ROSEDALE | LOCATION (City, town, or county): MARTINSBURG (State): W. Va.

DATE REC'D BY LOCAL REG.: Aug 27-49 | REGISTRAR'S SIGNATURE: Dawson L. Harber | 24. FUNERAL DIRECTOR: KOGELSCHATZ & Coffman | ADDRESS: Martinsburg, W. Va.

RECEIVED
AUG 31 1949
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 121 AUG 11 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07599

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: BALTIMORE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MIDDLE RIVER — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MIDDLE RIVER
HOSPITAL OR INSTITUTION OR STREET ADDRESS: IVY HALL	STREET ADDRESS (If rural, give location): 19 HARRISON AVE.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	HENRY		MEISE	8	2	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	WIDOWED	1864	85 89 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Baltimore Md	GERMANY

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Andy Meise	Margret Meise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY OCCLUSION	1 DAY
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CARCINOMA OF LIVER	1 YR.
	(c)	

156 46f

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1949, to Aug. 2, 1949, that I last saw the deceased alive on Aug 2, 1949, and that death occurred at 7.30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. M. Baumgardner	M.D.	Balto 6 Md	8-2-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/6/49	Parkwood	Parkville	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/4/49	D. O Hedrick Dr	Mathews & Son	1217 St Paul St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07609

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROSEDALE; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 7101 E. BIDDLE ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROSEDALE; STREET ADDRESS (If rural give location) 7101 E BIDDLE ST.

3. NAME OF DECEASED (Type or Print): (First) BARBARA (Middle) M. (Last) MICHEL

4. DATE OF DEATH: (Month) 8 (Day) 9 (Year) 1949.

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 8-12-1878

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): BALTIMORE, MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN H. HERRMANN

14. MOTHER'S MAIDEN NAME: ANNA WALT MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: FRANK J. MICHEL 7101 E BIDDLE ST.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	24 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis. Heart Block.	2 yrs., 9 mos
422.1 932	(c) Arteriosclerosis.	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/28/46., 19....., to 8/9/49....., 19....., that I last saw the deceased alive on 8/9/49....., 19....., and that death occurred at 8.30P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Philip Anthony Artigiani M.D. 2942 E. Fayette St. - Balto. 24, Md. - 8/11/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL

DATE THEREOF 8-13-49.

NAME OF CEMETERY OR CREMATORY HOLY REDEEMER CEM.

LOCATION (City, town, or county) (State) BEL AIR RD.

DATE REC'D BY LOCAL REG. 8-12-49

REGISTRAR'S SIGNATURE A W Hedrick.

24. FUNERAL DIRECTOR Charles S. Zeiler

ADDRESS 901 S. Conkling St Balto. Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): William John Miller
2. DATE OF DEATH: Aug. 24, 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 912 Hooper Ave, Balto-24
C. Length of stay in Baltimore: 5 Months 7 Days (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE: Maryland
B. COUNTY: Carroll
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md.
D. STREET ADDRESS (If rural, give location): 912 Hooper Ave - Balt. 29 Md.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
M	W	Married	May 8 1892	57		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher
10B. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Miller
14. MOTHER'S MAIDEN NAME: — Chrestbaugh.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Magdalena Miller, ADDRESS 912 Hooper Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Carcinoma - Pancreas.
DUE TO

157 ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO

469
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
(C)

INTERVAL BETWEEN ONSET AND DEATH: App. 1 yr.

19A. DATE OF OPERATION: Sept. 1948 - Mar 49
19B. MAJOR FINDINGS OF OPERATION: Carcinoma pancreas c Mets to. & Extension
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1949, to Aug. 24, 1949, *that I last saw the deceased alive on* Aug 17, 1949, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Alfred A. Garrison M. D.
23B. ADDRESS: 4617 Old Frederick Rd
23C. DATE SIGNED: 8-24-49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 26/49
24C. NAME OF CEMETERY OR CREMATORY: Western
24D. LOCATION (City, town, or county) (State): Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR: AUG 25 1949
REGISTRAR'S SIGNATURE: Limited for Williams, M.D.
25. FUNERAL DIRECTOR: Harry A. Witzke ADDRESS: 4101 Edmondson Ave

VS 150

C St. Frederick 9-

469

RECEIVED
AUG 29 1949
BUREAU V. S.

C.H.O.

COPY SENT TO ~~LOCAL REGISTRAR No.~~ DATE 9-1-49

07602

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH · COUNTY: Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard — LENGTH OF STAY (In this place): 20 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.	STREET ADDRESS (If rural, give location): 721 N. Rutland Avenue

3. NAME OF DECEASED (Type or Print) (First) ACIL (Middle) MILLS (Last)			4. DATE OF DEATH (Month) August (Day) 23 (Year) 1949		
5. SEX: Male	6. COLOR OR RACE: Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH: 9/24/96	9. AGE last birthday: 52 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country): Nashville, N. C.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Charles Mills			14. MOTHER'S MAIDEN NAME: Phenia Williams		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WW		16. SOCIAL SECURITY NO. 244-12-9850	17. INFORMANT AND ADDRESS: Clin.Records, Vet. Adm.Hosp.,Ft.Howard, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY THROMBOSIS	Sudden
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 3, 1949, to Aug. 23, 1949, that I last saw the deceased alive on Aug. 23, 1949, and that death occurred at 12:15 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C.MANAUGH, M.D., CHIEF, PROFESSIONAL SERVICES, VAH, FORT HOWARD, MD.			8/24/49

23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE: 8/26/49	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State): Nashville, N.C.
DATE REC'D BY LOCAL REG.: 8/26/49	REGISTRAR'S SIGNATURE: A. W. Hedrick	24. FUNERAL DIRECTOR: Charles R. Law, 802 Madison Ave.	ADDRESS: Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07603

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turners Sta. LENGTH OF STAY (in this place) 2 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 403 Burrway.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lauretta (Middle) BARNES (Last) Moore
4. DATE OF DEATH (Month) Aug (Day) 14 (Year) 49

5. SEX Fem.
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH July 31/49
9. AGE last birthday 2 wks. If under 1 year Months Days 14 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Turners Sta. Balto Co
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Barnes
14. MOTHER'S MAIDEN NAME Mattie Jenkins.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT James Barnes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Insufflation of Vomitus

921.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

195d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. Acc.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home
(CITY OR TOWN) Same as above (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. McCormine M.D. (Degree or title) ADDRESS Deputy Medical Examiner Balto. Co. Dundalk 22 Md. DATE SIGNED 8/14/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 18 49
NAME OF CEMETERY OR CREMATORY Mt Calvery Cem.
LOCATION (City, town, or county) Brooklyn, Md (State)

DATE REC'D BY LOCAL REG. Aug 16-1949
REGISTRAR'S SIGNATURE W. M. Kelly Jr.
24. FUNERAL DIRECTOR Cloy O. Wilson ADDRESS 1000 Brantly Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc 117604

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard | LENGTH OF STAY (In this place) 36 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 4014 Pennington Avenue ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	F.	O'BRIEN	August	10,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	4-30-94	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter	Painter	Boston, Mass.	USA

13. FATHER'S NAME: John O'Brien

14. MOTHER'S MAIDEN NAME: Delia Goffertz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes	WW-I	217-03-3724	Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Tuberculosis, chr. pulmonary, far advanced, active	Unknown
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002 13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7-5-49, 19..., to 8-10-, 1949, that I last saw the deceased alive on 8-10-, 1949, and that death occurred at 12:40 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. MANAUGH, M.D.	Chief Pro. Ser.	VAH, Ft.Howard, Md.	8-10-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/15/49	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 19 1949	R.W.	Mildred L. Blight	6009 Harford Rd

(14)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07605

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard, Md.
LENGTH OF STAY (in this place): 86 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Texas
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) P. (Last) PARKS
4. DATE OF DEATH: (Month) August (Day) 28 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 6-5-87
9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cockeysville, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Parks
14. MOTHER'S MAIDEN NAME: Shalk (1st name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW I
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT AND ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) RESPIRATORY FAILURE

350

Antecedent cause(s)

87c

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. PARKINSONISM — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1949, to August 28, 1949, that I last saw the deceased alive on August 28, 1949, and that death occurred at 10:05 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: AUGUST 28, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 8/31/49 — NAME OF CEMETERY OR CREMATORY: Mayes Chapel — LOCATION (City, town, or county) (State): Cockeysville, Maryland

DATE REC'D BY LOCAL REG.: 8/29/49 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Blight Funeral Home — ADDRESS: 6009 Harford Rd. (14) Baltimore, Md.

Mildred T. Blight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc 17606

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 1yr-9mo-28da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 112 North Pine Street

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) Pastras

4. DATE OF DEATH: (Month) 8 (Day) 6 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 2-9-1880

9. AGE last birthday: 69 yrs. If under 1 year: Months 5 Days 28 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): shoemaker

10b. KIND OF BUSINESS OR INDUSTRY: leather

11. BIRTHPLACE (State or foreign country): Sefalonia, Greece

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: Antonio Pastras

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) General paresis	indefinite
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Syphilis - meningoencephalitic type	"
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Cellulitis, left leg; Hypertensive cardiovascular disease

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-9, 1947, to 8-6, 1949, that I last saw the deceased alive on 8-6, 1949, and that death occurred at 6:30 p. m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk (Degree or title) ADDRESS DATE SIGNED

Isadore Tuerk, M.D., Clinical Director, SGSH, Catonsville-28, Maryland 8-19-49

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE: 8-24-49 — NAME OF CEMETERY OR CREMATORY: Spring Grove State Hospital — LOCATION (City, town, or county) (State): Catonsville-28, Maryland

DATE REC'D BY LOCAL REG. 8-24-49 — REGISTRAR'S SIGNATURE: W E Harry

24. FUNERAL DIRECTOR: Spring Grove State Hospital — ADDRESS

VS. Alp

RECEIVED
AUG 29 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

07607

CERTIFICATE OF DEATH

Reg. Dist. No. 47

1. PLACE OF DEATH:
County: Balto
City or town: Middle River
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
~~Hospital, institution,~~ or street address where death occurred: 10 Stabilizer Drive
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: MARYLAND County: BALTIMORE
City or town: MIDDLE RIVER
(If outside city or town limits, write RURAL and give nearest town)
Street No. 10 STABILIZER DRIVE
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: ISABELE LILLIAN PAYNE

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	WIDOWED

6.(b) Name of husband or wife: WILLIAM FRANCIS PAYNE
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): MARCH 16 ~~1935~~ 1867

8. AGE: Years 82 Months 5 Days 26 If less than one day ..... hrs. ..... min.

9. Birthplace: NEW YORK CITY, N.Y
(Town, county, and state)
10. Usual occupation: HOUSEWIFE
11. Industry or business
FATHER
12. Name: NORBURT J. HENDERICKX
13. Birthplace: PARIS, FRANCE
MOTHER
14. Maiden name: MARIE DELATOUR
15. Birthplace: PARIS, FRANCE
16. Informant: Wm Arthur Payne
Address: 10 Stabilizer Drive
17. Removal (~~Burial, cremation, or~~ removal. Which?) Date thereof: 8/15/49 (month) (day) (year)
Cemetery ~~or crematory~~: Maple Grove
Location: Long Island N.Y.
18. Funeral director: Wm Cook Inc.
Address: 1217 St. Paul St.
19. Aug 13th 1949 (Date rec'd by registrar) R.W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: AUGUST 12 1949, at 5 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from JULY 14 1949, to AUGUST 12 1949 and that I last saw her alive on AUGUST 12 1949

Immediate cause of death	DURATION
RESPIRATORY ARREST	
Due to CACHEXIA	
Due to CARCINOMA OF STOMACH, ADVANCED - METASTATIC	
Other conditions ARTERIOSCLEROSIS, MODERATE	

151
46b
(Include pregnancy within 3 months of death)
Major findings of operations ..... Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: Louis Semenoff M. D. ~~or other~~
Address: 805 FUSELAGE AVE, BALTO 20 Date signed: 8/12/49

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
VS A15 9-45-15M

07608

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex — LENGTH OF STAY (in this place) 20 Years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) 305 S. Lorraine Ave.

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) (Last) Peterson			4. DATE OF DEATH (Month) (Day) (Year) Aug 27, 1949 19		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH July 7, 1870	9. AGE last birthday 79 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Allentown, Pa.	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ~~Don't know~~ John Rudolph			14. MOTHER'S MAIDEN NAME Don't know.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY No.		17. INFORMANT Mrs. Hilda Rollins 618 S. Belnord Ave.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastatic carcinoma 7 lives — Primary site undetermined	approx 6 Mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cachexia & malnutrition	
	(c) gen'l arteriosclerosis	

156
46f

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from May 15, 1949, to Aug 27, 1949, that I last saw the deceased alive on Aug 24, 1949, and that death occurred at 8 15 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Donald W. Muntzer	M.D. 3009	Evergreen Ave Balto 14 Md	8/29/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Aug 3, 1949	NAME OF CEMETERY OR CREMATORY Moreland Memo. Park	LOCATION (City, town, or county) (State) Parkville, Md.
DATE REC'D BY LOCAL REG. 8/30/49	REGISTRAR'S SIGNATURE H.W. Hedrick DM	24. FUNERAL DIRECTOR Ullrich Funeral Home	ADDRESS 2008 Orleans St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Bc 07609 30

Reg. Dist. No.

1. PLACE OF DEATH COUNTY: BALTIMORE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: MARYLAND COUNTY: BALTIMORE CITY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE 28, MD. LENGTH OF STAY (in this place): 8yr 10mo 2da	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRING GROVE STATE HOSPITAL	STREET ADDRESS (If rural, give location): 1150 Hull Street ✓

3. NAME OF DECEASED (Type or Print)	(First) GEORGE	(Middle)	(Last) PIERCE	4. DATE OF DEATH	(Month) 8	(Day) 9	(Year) 1949
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: 4/6/1879	9. AGE last birthday: 70 yrs.	If under 1 year Months: 4	Days: 3	If under 24 hrs. Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none	10b. KIND OF BUSINESS OR INDUSTRY: none	11. BIRTHPLACE (State or foreign country): Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: John Pierce		14. MOTHER'S MAIDEN NAME: Annie Wheeler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS: HOSPITAL RECORDS, SPRING GROVE HOSPITAL	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARDIAC DECOMPENSATION	3 DAYS
420.0 Antecedent cause(s)	(b) ARTERIOSCLEROTIC HEART DISEASE	INDEFINITE
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/7, 1940, to 8/9, 1949, that I last saw the deceased alive on 8/9, 1949, and that death occurred at 12:10 a.m., from the causes and on the date stated above.

SIGNATURE: Isadore Tuerk (Degree or title) ADDRESS: ISADORE TUERK, M. D., CATONSVILLE 28, MARYLAND DATE SIGNED: 8/9/49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL	DATE: 8-12-49	NAME OF CEMETERY OR CREMATORY: New Catherine	LOCATION (City, town, or county) (State): EDMONSON AVE MD
DATE REC'D BY LOCAL REG.: 8/10/49	REGISTRAR'S SIGNATURE: A. W. Hedrick	24. FUNERAL DIRECTOR: Chas F Dill	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

07610

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3rd ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural, give location) 3rd ave

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) E. (Last) Pinder

4. DATE OF DEATH (Month) Aug (Day) 10 (Year) 1949

5. SEX F

6. COLOR OR RACE Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH about 1885 ~~unknown~~

9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Aug Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Downing

14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Emory Pinder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.* 10 am

SIGNATURE Geo M. Kieffer (Degree or title) MD Dep Med Exam Balto Co ADDRESS 1010 Leeds ave DATE SIGNED Aug 10-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 8-13-49

NAME OF CEMETERY OR CREMATORY Mt Calvary Cem

LOCATION (City, town, or county) AA Co (State) Md

DATE REC'D BY LOCAL REG. Aug 11. 49

REGISTRAR'S SIGNATURE Geo Kieffer

24. FUNERAL DIRECTOR J L Brown & Son ADDRESS 108 W Montgomery

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

Gp Kessler

RECEIVED
AUG 12 1949
BUREAU V. S.

07611

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard — LENGTH OF STAY (in this place): 9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Aa
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Carvel Beach, Curtis Bay
STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): CHARLES POPE
4. DATE OF DEATH (Month) (Day) (Year): August 9, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: 11-19-1873
9. AGE last birthday: 75 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If year, give war or dates of service): SAW
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardiovascular disease — 1 Yr.

Antecedent cause(s)

443
93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive encephalopathy — 1 Yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-31-, 1949, to 8-9-, 1949, that I last saw the deceased alive on 8-9-49, 19....., and that death occurred at 9:45 A. m., from the causes and on the date stated above.

SIGNATURE: H.C. MANAUGH, M.D. — (Degree or title): Chief Pro. Ser. — ADDRESS: VAH, Ft. Howard, Md. — DATE SIGNED: 8-9-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Aug. 12, 1949 — NAME OF CEMETERY OR CREMATORY: Balto., National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 8/10/49 — REGISTRAR'S SIGNATURE: A. W. Hedrick
24. FUNERAL DIRECTOR: Wm. J. Tickner, & Sons — ADDRESS: Balto., Md.

M

I

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

07612

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7721 TRAPPE RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 7721 TRAPPE RD.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): MARY HOLLYOAK POWERS

4. DATE OF DEATH (Month) (Day) (Year): AUG. 23 1949

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED
8. DATE OF BIRTH: AUG. 1, 1865
9. AGE last birthday: 84 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): ENGLAND
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOSEPH HOLLINGSWORTH
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: MR. JOSEPH HOLLYOAK

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Central Accident	10 days
Antecedent cause(s)	(b) Hypertension Cardio-Vascular-Renal Disease	15 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

442
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 14, 1949, to Aug. 23, 1949, that I last saw the deceased alive on Aug. 22, 1949, and that death occurred at 10:12 a.m., from the causes and on the date stated above.

SIGNATURE: N B Davis MD (Degree or title) ADDRESS: 3 Kinshyplood - Dundalk - 22 Md DATE SIGNED: 8/25/49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE: AUG. 26, 1949
NAME OF CEMETERY OR CREMATORY: OAK LAWN. CEM
LOCATION (City, town, or county) (State): EASTERN BLVD., BALTO. CO. MD

DATE REC'D BY LOCAL REG.: Aug 26-1949
REGISTRAR'S SIGNATURE: W. M. Lilly Jr.
24. FUNERAL DIRECTOR: ROLAND L. FISHER ADDRESS: DUNDALK, MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07613

Reg. Dist. No.

1. PLACE OF DEATH COUNTY: BALTIMORE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: MD. COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: COCKEYSVILLE — LENGTH OF STAY (in this place): LIFE	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: COCKEYSVILLE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WESTERN RUN ROAD	STREET ADDRESS (If rural, give location): WESTERN RUN ROAD

3. NAME OF DECEASED (Type or Print): (First) BERTHA (Middle) — (Last) PRENDERGAST

4. DATE OF DEATH: (Month) 8 (Day) 7 (Year) 1949

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: FEB. 1 1875

9. AGE last birthday: 74 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM FOXWELL

14. MOTHER'S MAIDEN NAME: MARY FOWLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: MR. EARL C RICKERDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis - Chronic Decompensating — 2 months

443 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓

19b. MAJOR FINDINGS OF OPERATION: ✓

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ✓ (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ✓

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1949, to Aug. 7, 1949 that I last saw the deceased alive on Aug. 5, 1949, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE: John G. Saffell (Degree or title) M.D. ADDRESS: Reisterstown Md DATE SIGNED: 8/7/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 8/10/49 — NAME OF CEMETERY OR CREMATORY: London Park — LOCATION (City, town, or county): Baltimore (State): Md

DATE REC'D BY LOCAL REG.: 8/8/49 — REGISTRAR'S SIGNATURE: A.W. Hedrick — 24. FUNERAL DIRECTOR: William Cook Inc 1217 St Paul St — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07614

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 33 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodbine
STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): (First) LOUIS (Middle) F. (Last) REED

4. DATE OF DEATH: (Month) 8 (Day) 5 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-6-92

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher

10b. KIND OF BUSINESS OR INDUSTRY: Meat

11. BIRTHPLACE (State or foreign country): Montgomery Co., Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Reed

14. MOTHER'S MAIDEN NAME: Wilma Lydard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW I

16. SOCIAL SECURITY No.: 218-03-7621

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	1 day
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Embolus rt.	3 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Heart Disease, Cardiac enlargement & auricular thrombi & congestive heart failure — Unknown

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1949, to Aug. 5, 1949, that I last saw the deceased alive on Aug. 5, 1949, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Milton Ginsberg			
MILTON GINSBERG, M.D.		VAH, FT.HOWARD, MD.	8-6-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 9, 1949	Western Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/8/49	A.W. Hedrick	George L. Schwab	2101 Frederick Ave. Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07615

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Walker Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) Walker Rd

3. NAME OF DECEASED (Type or Print) (First) David (Middle) S (Last) Ring
4. DATE OF DEATH (Month) Aug (Day) 11 (Year) 1949
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH May 8 1884
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Edwin Ring
14. MOTHER'S MAIDEN NAME Laura Smeider
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Benjamin Ring Walker av

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gun shot wound in head

976 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 22 Cal. Rifle

164c (c) suicide

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home (CITY OR TOWN) Catonsville (COUNTY) Balto (STATE) Md
TIME OF INJURY (Month) Aug (Day) 11 (Year) 49 (Hour) 7 a m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Geo W. Kieffer Mpl. Exam Balto Co ADDRESS 1010 Leeds av DATE SIGNED Aug 11-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-13-49
NAME OF CEMETERY OR CREMATORY London Park
LOCATION (City, town, or county) Balto Md (State)
DATE REC'D BY LOCAL REG. 8/12/49
REGISTRAR'S SIGNATURE V E Harry
24. FUNERAL DIRECTOR George A Farley ADDRESS Catonsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07616

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridge Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) Ridge Rd

3. NAME OF DECEASED (Type or Print) (First) Ralph (Middle) R (Last) Robinson
4. DATE OF DEATH (Month) Aug (Day) 11 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Feby 23 1891
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry Salesman
10b. KIND OF BUSINESS OR INDUSTRY Laundry
11. BIRTHPLACE (State or foreign country) Glenfield Penna
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frank E Robinson
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-14-2953
17. INFORMANT Jesse A Robinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gun shot wound in head

976 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

164c (c) 22 Cal. rifle

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. suicide

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home (CITY OR TOWN) Woodlawn (COUNTY) Balto (STATE) Md
TIME OF INJURY (Month) Aug (Day) 11 (Year) 49 (Hour) 7a m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Shot himself in head

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE Geo W Kieffer (Degree or title) Mr Dep Med Eidam of Balto Co ADDRESS 1010 Leeds Ave DATE SIGNED Aug 11, 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug 13 49
NAME OF CEMETERY OR CREMATORY Mt Olivet Cem
LOCATION (City, town, or county) Old Court Rd (State) Balto Co Md

DATE REC'D BY LOCAL REG. Aug. 11. 49
REGISTRAR'S SIGNATURE Geo Kieffer
24. FUNERAL DIRECTOR Wm Berryman & Sons ADDRESS Reisterstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

7

RECEIVED
AUG 13 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07617 4X

1. PLACE OF DEATH· COUNTY Fort Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland — LENGTH OF STAY (in this place) 4 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 7
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Ft.Howard,Md.	STREET ADDRESS (If rural, give location) 4128 Forrest Park Ave.

3. NAME OF DECEASED (Type or Print)	(First) HARRY	(Middle) M.	(Last) ROLNICK	4. DATE OF DEATH	(Month) August (Day) 14 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 5-21-93	9. AGE last birthday 56 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pharmacist	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Milford, Va.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Moses Rolnick			14. MOTHER'S MAIDEN NAME Sarah Kline		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If year, give war or dates of service) WW I	16. SOCIAL SECURITY NO. 212-07-8410	17. INFORMANT AND ADDRESS Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARDIORESPIRATORY FAILURE	10 hours
Antecedent cause(s)	(b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	Several years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) CEREBRAL THROMBOSIS	4 days

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 10, 1949, to Aug. 14, 1949, that I last saw the deceased alive on Aug. 14, 1949, and that death occurred at 2:50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert Magee, M.D. — ADDRESS VAH, FORT HOWARD, MARYLAND, — DATE SIGNED AUGUST 14, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 8-15-49	NAME OF CEMETERY OR CREMATORY United Hebrew Cemetery	LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REG. 8/15/49	REGISTRAR'S SIGNATURE A.W. Hedrick	24. FUNERAL DIRECTOR Jack Lewis, Inc.	ADDRESS 2100-2102 Eutaw Place Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

07618

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft. Howard; LENGTH OF STAY (in this place) 8 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets. Adm. Hosp., Ft. Howard, Md.	STREET ADDRESS (If rural, give location) 2309 Grove Street ✓

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EARL	D.	ROSS	August 9, 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days / Hours / Min.
Male	White	Married	2-22-93	56 yrs.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic		Frederica, Del.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes	WW-I	Unknown	Clin. Rec. Vets. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypostatic pneumonia	4 days
422.1 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral thrombosis	2 Yrs.
	Arteriosclerotic cardiovascular disease	Unknown
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 8-1- , 1949, to 8-9- , 1949, that I last saw the deceased alive on 8-9- , 1949, and that death occurred at 11:15 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.C. MANAUGH, M.D.	Chief Pro. Ser.	VAH, Ft. Howard, Md.	8-9-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/12/49	Baltimore National	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/10/49	A. W. Hedrick	Howard Blight Funeral Home / Mildred T. Blight, Funeral Dr.	6009 Harford Rd (14)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Bc 07619

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft.Howard | LENGTH OF STAY (in this place) 10 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 1128 Homewood Avenue ✓

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) E. (Last) ROWLAND SR.

4. DATE OF DEATH (Month) August (Day) 9, (Year) 1949

5. SEX Male | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH 5-28-73 | 9. AGE last birthday 76 yrs. | If under 1 year Months. Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Engr. | 10b. KIND OF BUSINESS OR INDUSTRY Electrical | 11. BIRTHPLACE (State or foreign country) Baltimore, Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Michael Rowland | 14. MOTHER'S MAIDEN NAME Catherine Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If year, give war or dates of service) SAW | 16. SOCIAL SECURITY No. Unknown | 17. INFORMANT AND ADDRESS Clin.Rec.Vets.Adm. Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho Pneumonia	4 days
443 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular disease with Arteriosclerosis	Approx. 5 Yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-30-, 1949, to 8-9-, 1949, that I last saw the deceased alive on 8-9-, 1949, and that death occurred at 11:35 A m., from the causes and on the date stated above.

SIGNATURE H.C. MANAUGH, M.D. | (Degree or title) Chief Pro. Ser. | ADDRESS VAH, Ft.Howard, Md. | DATE SIGNED 8-9-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 8/12/49 | NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery | LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 8-10-49 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR Wm. Cook, | ADDRESS Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc 07620

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 3yr-7mo-29da	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS SpringGrove State Hospital	STREET ADDRESS (If rural, give location) 1206 Cooksey Street

3. NAME OF DECEASED (Type or Print)	(First) Anton	(Middle)	(Last) Rozlowski (Roslowski)	4. DATE OF DEATH	(Month) August	(Day) 5	(Year) 1949
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) separated	8. DATE OF BIRTH 11-28-1889	9. AGE last birthday 59 yrs.	If under 1 year Months. 8	Days 8	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Poland			12. CITIZEN OF WHAT COUNTRY? USA?	
13. FATHER'S NAME Ludwig Roslowski			14. MOTHER'S MAIDEN NAME Katarzina Piwowarski				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Hospital records				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchonpneumonia	48 hours
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gastric carcinoma (leather bottled stomach)	indefinite
	(c)	

151
46b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-7, 1945, to 8-5, 1949, that I last saw the deceased alive on 8-5, 1949, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk (Degree or title) ADDRESS DATE SIGNED

Isadore Tuerk, M.D., Clinical Director, SGSH, Catonsville-28, Maryland 8-19-49

23. BURIAL, CREMATION REMOVAL (Specify) buried	DATE 8-24-49	NAME OF CEMETERY OR CREMATORY Spring Grove State Hospital	LOCATION (City, town, or county) (State) Catonsville-28, Maryland
DATE REC'D BY LOCAL REG. 8-24-49	REGISTRAR'S SIGNATURE V. E. Harry	24. FUNERAL DIRECTOR Spring Grove State Hospital	ADDRESS

M

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 29 1949
BUREAU U. S.

Evidence for change of birth date & age is shown on:

FILM No. G 121 SEP -2 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07621

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 16 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital	STREET ADDRESS (If rural, give location) 2604 East Preston Street

3. NAME OF DECEASED (Type or Print) (First) Gertrude (Middle) (Last) Sader			4. DATE OF DEATH (Month) August (Day) 29 (Year) 1949		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 10/3/96	9. AGE last birthday 52 ~~51~~ years	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Fred Norris		14. MOTHER'S MAIDEN NAME Ella Chaney			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Hospital records - Catonsville 28			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	5 minute
420.1 Antecedent cause(s)		
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic - hypertensive C V R disease	Indefinite
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Right hemiplegia	2 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 31, 1933, to August 29, 1949, that I last saw the deceased alive on Aug. 29, 1949, and that death occurred at 4:45 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Isadore Tuerk	Isadore Tuerk, M. D.	Catonsville, 28, Md.	8/29/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/1/49	Baltimore	Baltimore Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/30/49	H.W. Hedrick	William Cook Inc	1217 St Paul St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

07622

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15A

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 700 Block Eastern Blvd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
STREET ADDRESS (If rural, give location): 1611 Dartford Avenue

3. NAME OF DECEASED (Type or Print): (First) DONALD (Middle) (Last) SASSER

4. DATE OF DEATH: (Month) August (Day) 5, (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white		Aug. 18-47	2 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Balto. Co.	

13. FATHER'S NAME: Jesse E. Sasser
14. MOTHER'S MAIDEN NAME: Nannie Vernon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY No.:
17. INFORMANT: Parents

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Lungo-Tracheo-Bronchitis

500 106a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Carl L Rugg (Degree or title) M.D. ADDRESS: 700 Fleet Street, Baltimore, Md. DATE SIGNED: August 6,49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 8-49	Sacred Heart	German Hall Rd. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/8/49	Henry Ausse	John F. Connelly	Essex

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07623

CERTIFICATE OF DEATH

Reg. Dist. No. 307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Balto Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
MARYLAND
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7 Maple ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: Balto Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 7 Maple ave

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) L (Last) Schaub

4. DATE OF DEATH: (Month) 8 (Day) 14 (Year) 1949

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 5 1903

9. AGE last birthday: 45 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: Contractor

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John H Schaub

14. MOTHER'S MAIDEN NAME: Mary Salmon.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Joseph L Schaub.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension, severe	8-10 yrs
	(c) Left hemiplegia, old	3 yrs

331
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 9, 1946, to Aug 14, 1949, that I last saw the deceased alive on 9-17, 1948, and that death occurred at 1 00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stephen Lee Magness MD Catonsville Md 8-15-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Aug 17 1949

NAME OF CEMETERY OR CREMATORY: Woodlawn.

LOCATION (City, town, or county) (State): Balto City

DATE REC'D BY LOCAL REG.: 8/17/49

REGISTRAR'S SIGNATURE: W E Harry

24. FUNERAL DIRECTOR: Mar Nabb and Son

ADDRESS:

VS. A15

RECEIVED
AUG 19 1949
BUREAU V. S.

Bc

07624

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cabo
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital Catonsville, 28, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
1000 Scott St. Baltimore city
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Augusta Schultz

4. DATE OF DEATH (Month) (Day) (Year) August 22 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct. 19, 1896
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Louis Albert Schultz
14. MOTHER'S MAIDEN NAME Augusta Bookholtz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac failure

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Geo. M. Kieffer Jr. Dep. Med Exam Balto Co 1010 Leeds ave Aug 22-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/ /49
NAME OF CEMETERY OR CREMATORY HOLY CROSS
LOCATION (City, town, or county) ANNAPOLIS Rd (State) Md.

DATE REC'D BY LOCAL REG. 8/23/49
REGISTRAR'S SIGNATURE A. W. Hedrick Jr.
24. FUNERAL DIRECTOR Mildred T. Blight ADDRESS 600 g Harford Rd (4)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

M

I

MARYLAND STATE DEPARTMENT OF HEALTH Bc

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 076230

1. PLACE OF DEATH· COUNTY Catonsville MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise Nursing Home	STREET ADDRESS (If rural give location) 204 S. Regester St.

3. NAME OF DECEASED (Type or Print)	(First) Elizabeth	(Middle)	(Last) Schweitzer	4. DATE OF DEATH	(Month) Aug.	(Day) 8,49 (Year) 19
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH Sept. 23, 1873	9. AGE last birthday 75 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Edward Borchard			14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ------	17. INFORMANT Mr. Earl Schweitzer (Son)			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio sclerotic cardio vascular disease — Unknown

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerosis, generalized, severe — Unknown

93d (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis — 3 months

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to Aug 8, 1949, that I last saw the deceased alive on 3 Aug, 1949 and that death occurred at 1 30 P m., from the causes and on the date stated above.

SIGNATURE Stephen Lee Magness (Degree or title) MD ADDRESS Catonsville 28 Md DATE SIGNED 8-9-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Aug. 11, 49	NAME OF CEMETERY OR CREMATORY Mt. Carmel Cem.	LOCATION (City, town, or county) (State) O'Donnell St.
DATE REC'D BY LOCAL REG. 8/10/49	REGISTRAR'S SIGNATURE V E. Harvey	24. FUNERAL DIRECTOR L. Heemann and Son	ADDRESS 6067 Harford Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 11 1949
BUREAU W. R.

MARYLAND STATE DEPARTMENT OF HEALTH BC 07626

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 47

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (in this place) —
HOSPITAL OR INSTITUTION OR STREET ADDRESS Beth. Steel Shipyard Disp., Sparrows Point, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 296 DALLAS COURT ✓

3. NAME OF DECEASED (Type or Print) (First) Marshall (Middle) E (Last) SHIELDS
4. DATE OF DEATH (Month) 8 (Day) 11 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH Oct. 26, 1897
9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PIPE FITTER
10b. KIND OF BUSINESS OR INDUSTRY SHIPYARD
11. BIRTHPLACE (State or foreign country) VIRGINIA
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME UNKNOWN
14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT MRS BEATRICE SHIELDS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute pulmonary edema	
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Dilation of heart.	
94a	(c) Coronary artery disease.	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said ~~deceased~~ died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
George G. Merrill MD., 700 Fleet St, August 12, 1949

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 8-18-49
NAME OF CEMETERY OR CREMATORY GLEN HAVEN
LOCATION (City, town, or county) (State) RITCHIE HIGHWAY

DATE REC'D BY LOCAL REG. Aug. 13th 1949
REGISTRAR'S SIGNATURE R.W. Nedrich
24. FUNERAL DIRECTOR JOHN F. DENNY, INC ADDRESS 715 LIGHT ST

-30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07627

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ft. Howard; LENGTH OF STAY (in this place) 30 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vets.Adm.Hosp.,Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Owings Mills; STREET ADDRESS (If rural, give location) Rosewood Lane

3. NAME OF DECEASED (Type or Print): (First) HENRY; (Middle) C.; (Last) SIMMONS

4. DATE OF DEATH: (Month) August (Day) 10, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 5-16-1892

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cement Finisher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Owings Mill, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas J. Simmons

14. MOTHER'S MAIDEN NAME: Emma Kalcie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Clin.Rec.Vets.Adm.Hosp.,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: Unknown

420.0 Antecedent cause(s)

T3d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-11-, 1949, to 8-10-, 1949, that I last saw the deceased alive on 8-10-, 1949, and that death occurred at 1:35 P. m., from the causes and on the date stated above.

SIGNATURE: H. C. Manaugh

(Degree or title) H. C. MANAUGH, M. D.

ADDRESS: Chief Pro. Ser. VAH, Ft. Howard, Md.

DATE SIGNED: 8-10-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 8/15/49

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Aug 13 1949

REGISTRAR'S SIGNATURE: M. C. Medrick

24. FUNERAL DIRECTOR: Medrick J. Blight

ADDRESS: 6009 Harford Rd

(14)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07628

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 18 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2 N. Beechwood Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 2 N. Beechwood Ave.

3. NAME OF DECEASED (Type or Print): (First) ELLEN (Middle) MENAUGH (Last) SINGER

4. DATE OF DEATH: (Month) Aug. (Day) 18th. (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	2/7, 1878	71 yrs.	6	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Pennsylvania	U.S.A.

13. FATHER'S NAME: John Menaugh

14. MOTHER'S MAIDEN NAME: Annie Kulp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Marion Wenger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Degeneration	1 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio - Sclerosis	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 18, 1949, to Aug 16, 1949, that I last saw the deceased alive on Aug 16, 1949, and that death occurred at 6:45 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Lloyd Johnson	M.D.	Catonsville	8/19/49.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/22/49	Mt. Tuennel	Elizabethtown Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/21/49	V E Harry	Easton Sons - Catonsville	Md.

RECEIVED
AUG 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

07629

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville | LENGTH OF STAY (in this place): 4yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.R. Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cockeysville
STREET ADDRESS (If rural, give location): R.R. Ave.

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) Della (Last) Smith

4. DATE OF DEATH: (Month) August (Day) 19 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): ~~Widowed~~

8. DATE OF BIRTH: Oct. 4, 1882

9. AGE last birthday: 66 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Smith Co., Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jack ~~White~~ Williams

14. MOTHER'S MAIDEN NAME: Amanda Akers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Stanley Tracey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart disease, vascular, with coronary occlusion, sudden	Sudden 19 hrs
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Hypertension	1 yr
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Rollin C. Hudson M.D., D.M.E. | Towson Md | 8/19/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Aug 21, 1949 | NAME OF CEMETERY OR CREMATORY: Jensops | LOCATION (City, town, or county) (State): Sparks, Md

DATE REC'D BY LOCAL REG.: Aug. 20/49 | REGISTRAR'S SIGNATURE: Wilmer C. Ensor

24. FUNERAL DIRECTOR: Landon M. Brooks | ADDRESS

RECEIVED
AUG 21 1949
BUREAU Y. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07630

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 116 Williams Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 116 Williams Avenue

3. NAME OF DECEASED (Type or Print) (First) Theresa (Middle) Smith (Last)

4. DATE OF DEATH (Month) (Day) (Year) August 13, 1949

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Nov. 19, 1878
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT George Smith-1901 Maxwell Ave. Dundalk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis c Auricular — 4 yrs

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fibrillation

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1949, to Aug 13, 1949, that I last saw the deceased alive on Aug 12, 1949 and that death occurred at 3:00 a.m., from the causes and on the date stated above.

SIGNATURE M B Davis MD (Degree or title) ADDRESS 3 Kinsley Road Dundalk 22 DATE SIGNED 8/15/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/17/49
NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery
LOCATION (City, town, or county) (State) Belair Rd. Baltimore, Md.

DATE REC'D BY LOCAL REG. 8/15/49
REGISTRAR'S SIGNATURE A.W. Hedrich DM

24. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. ADDRESS 2601-3-5 E. Madison Street

07631

Bc

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. XX

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard — LENGTH OF STAY (in this place): 16 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3540 Keswick Road ✓

3. NAME OF DECEASED (Type or Print) (First): WALTER (Middle): H. (Last): SPAULDING, SR.
4. DATE OF DEATH (Month) (Day) (Year): August 16, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4-6-94
9. AGE last birthday: 55 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Textile Designer
10b. KIND OF BUSINESS OR INDUSTRY: Textile
11. BIRTHPLACE (State or foreign country): Carendish, Vermont
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Byron Spaulding
14. MOTHER'S MAIDEN NAME: Sarah George

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If year, give war or dates of service): WW-I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Clin. Rec. Vets. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia, right lower lobe ? — 2 Days

420.1 Antecedent cause(s) (b) 1. Hypertensive cardiovascular disease
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 2. Bronchiectases, right lower lobe
3. Pericarditis adhesive, non constrictive, old
4. Coronary thromboses, old.

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes XX No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-31-, 1949, to 8-16-, 1949, that I last saw the deceased alive on 8-16-, 1949, and that death occurred at 12:25 A.m., from the causes and on the date stated above.

SIGNATURE: H.C. MANAUGH, M.D. (Degree or title): Chief Pro. Ser. — ADDRESS: VAH, Ft. Howard, Md. — DATE SIGNED: 8-16-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 8/19/49 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 8/18/49 — REGISTRAR'S SIGNATURE: A W Heduck — 24. FUNERAL DIRECTOR: Mildred T. Blight — ADDRESS: 6009 Harford Rd

DR

(14)

07632

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON — LENGTH OF STAY (in this place) 6 yrs., 6 mos.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
HOSPITAL OR INSTITUTION OR STREET ADDRESS THE SHEPPARD AND ENOCH PRATT HOSPITAL	STREET ADDRESS (If rural give location) 6419 PINEHURST ROAD

3. NAME OF DECEASED (Type or Print)	(First) MARGARET	(Middle) EMMA	(Last) STAFFORD	4. DATE OF DEATH	(Month) AUGUST (Day) 9 (Year) 1949
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ~~MARRIED~~	8. DATE OF BIRTH JULY 3, 1875	9. AGE last birthday 74 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Patchogue LONG ISLAND, NEW YORK	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME EDWARD EDWARDS		14. MOTHER'S MAIDEN NAME UNKNOWN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY No. --	17. INFORMANT HOSPITAL RECORDS			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart failure	3 days
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis of Coronary Arteries	15 years
93d	(c) and chronic myocarditis	15 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PSYCHOSIS WITH CEREBRAL ARTERIOSCLEROSIS — 7 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes X No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT. 21, 1942, to AUGUST 9, 1949, that I last saw the deceased alive on AUGUST 9, 1949, and that death occurred at 2:00 A.m., from the causes and on the date stated above.

SIGNATURE Harry M. Murdock M.D. (Degree or title) ADDRESS Medical Director, Sheppard and Enoch Pratt Hospital, Towson 4, Md. DATE SIGNED Aug. 9, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE THEREOF 8/10/49	NAME OF CEMETERY OR CREMATORY Patchogue	LOCATION (City, town, or county) (State) Long Island, N. Y.
DATE REC'D BY LOCAL REG. 8/10/49	REGISTRAR'S SIGNATURE A. W. Hedrich	24. FUNERAL DIRECTOR WM. J. TICKNER & SONS	ADDRESS Balto., Md.

98

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07633

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7137 Holabird Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk.
STREET ADDRESS (If rural, give location) 7137 Holabird ave

3. NAME OF DECEASED (Type or Print): (First) Gabriel (Middle) S. (Last) Stofko
4. DATE OF DEATH: (Month) Aug (Day) 20 (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Mar 26-86
9. AGE last birthday: 63 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Bethlehem Steel Co; Shipfitter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Slovakia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Andrew Stofko
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-07-0125
17. INFORMANT anna Stofko 7137 Holabird Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral hemorrhage	2 days.
331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 830	(b) Hypertension	3 yrs
	(c) Arteriosclerosis	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1948, to Aug 20, 1949, that I last saw the deceased alive on Aug 20, 1949, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
David H. Arthur M. D. | 2 Kinship Rd Dundalk 22 Md | 8/21/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF aug 24-1949 | NAME OF CEMETERY OR CREMATORY Sacred Heart of Mary | LOCATION (City, town, or county) (State) Balto. Co. Md.

DATE REC'D BY LOCAL REG. 8/22/49 | REGISTRAR'S SIGNATURE A. W. Hadrich | 24. FUNERAL DIRECTOR ADDRESS Wm. S. Fialkowski 2007 Eastern ave

VS. A15

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07634

CERTIFICATE OF DEATH

Reg. Dist. No.

FILED 21 SEP -6 1949

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2606 Canterbury Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
STREET ADDRESS (If rural give location): 2606 Canterbury Rd.

3. NAME OF DECEASED (Type or Print) (First) James (Middle) E (Last) Swagler

4. DATE OF DEATH (Month) AUG. (Day) 27, (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 25, 1892
9. AGE last birthday: ~~57~~ 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Industrial
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Frank Swagler
14. MOTHER'S MAIDEN NAME: ? Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1st W.W.
16. SOCIAL SECURITY NO.: 213-01-9533
17. INFORMANT: Mrs. Frances Swagler (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broncho pneumonia — 1 wk.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Heart Disease

93d (c) Arteriosclerotic C.V. Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 25, 1949, to Aug. 27, 1949, that I last saw the deceased alive on Aug. 27, 1949, and that death occurred at 3:00 A. m., from the causes and on the date stated above.

SIGNATURE: Nathan Janney (Degree or title) M.D. — ADDRESS: 7101 Harford Rd. — DATE SIGNED: 8/27/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Aug. 29, 49 — NAME OF CEMETERY OR CREMATORY: New National Cem. — LOCATION (City, town, or county): Frederick Rd. (State) Md

DATE REC'D BY LOCAL REG.: 8/29/49 — REGISTRAR'S SIGNATURE: H.W. Hedrick

24. FUNERAL DIRECTOR: L. Heemann And Son — ADDRESS: 6067 Harford. rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

CERTIFICATE OF DEATH

BC Registered No. 143

BIRTH NO.

1. NAME OF DECEASED (Type or Print): Alice T Swift

2. DATE OF DEATH: Aug 12 1949

3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore ~~Md~~ Co. overlea

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6719 Linden Ave

C. Length of stay in Baltimore: Life Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Md
B. COUNTY: 504 E Woodbourne Ave
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 504 E Woodbourne Ave

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: January 29, 1889
9. AGE (In years last birthday): 60 — If Under 1 Year: Months / Days — If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Ackenback
14. MOTHER'S MAIDEN NAME: Margaret Hanrahan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service): ****
16. SOCIAL SECURITY NO.:
17. INFORMANT: John Swift (Son) — ADDRESS: 2002 Cecil Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Cecum c̄ Metastasis

DUE TO

153 ANTECEDENT CAUSES

46e DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify):
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location):

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 2, 1949, *to* Aug 6, 1949, *that I last saw the deceased alive on* Aug 6, 1949, *and that death occurred at* 7 15 A m., *from the causes and on the date stated above.*

23A. SIGNATURE: Thomas Brennan M. D.
23B. ADDRESS: 5217 Harford Rd.
23C. DATE SIGNED: 8.13.49

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Aug 16, 1949
24C. NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery
24D. LOCATION (City, town, or county) (State): Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR: 8/15/49
REGISTRAR'S SIGNATURE: Ava Hedrick
25. FUNERAL DIRECTOR: J Melville Jenkins — ADDRESS: 2713 Kirk Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH Pic 06304

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville 28, Md.; LENGTH OF STAY (in this place) 1yr 6 mo 29da; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 861 S. Dallas Street ✓

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Sycz

4. DATE OF DEATH: (Month) 8 (Day) 12 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 9/8/1890

9. AGE last birthday: 58 yrs. If under 1 year: Months 11 Days 4 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: domestic

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wainer

14. MOTHER'S MAIDEN NAME: Anna E. Uravich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Records, Spring Grove Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Surgical shock	4 hours
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Due to, gastric hemorrhage, undiagnosed	9 hours
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — indefinite

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/14, 1948, to 8/12, 1949, that I last saw the deceased alive on 8/12/, 1949, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk (Degree or title) ADDRESS Isadore Tuerk, M. D. Catonsville 28, Maryland DATE SIGNED 8/13/49

23. BURIAL, CREMATION REMOVAL (Specify) buried; DATE 8-24-49; NAME OF CEMETERY OR CREMATORY Spring Grove State Hospital; LOCATION (City, town, or county) (State) Catonsville-28, Maryland

DATE REC'D BY LOCAL REG. 8-24-49; REGISTRAR'S SIGNATURE W. E. Harry

24. FUNERAL DIRECTOR ADDRESS Spring Grove State Hospital

VS. A15

RECEIVED
APR 26 1913
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07636

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Wilson
LENGTH OF STAY (In this place): 2 mos.,28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mt.Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marydel
STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): (First) NORMAN (Middle) (Last) Teat

4. DATE OF DEATH: (Month) August (Day) 10, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 11/8/1900

9. AGE last birthday: 48 yrs. If under 1 year: Months 9, Days 2, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Templeville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Saviller Teat

14. MOTHER'S MAIDEN NAME: Lucinda Knott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 215-12-6874

17. INFORMANT: Norman Teat

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 3 yrs.

002 Antecedent cause(s)

130 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: No operation

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/13, 1949, to 8/10, 1949, that I last saw the deceased alive on Aug. 10, 1949, and that death occurred at 7:10 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Stewart S Shaffer M.D. ADDRESS: Mt. Wilson, Maryland DATE SIGNED: 8/10/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8/14/49 — NAME OF CEMETERY OR CREMATORY: Millington Cemetery — LOCATION (City, town, or county) (State): Millington, Md. (Kent Co.)

DATE REC'D BY LOCAL REG. 8/10/49 — REGISTRAR'S SIGNATURE: Helen R. Mayer

24. FUNERAL DIRECTOR — ADDRESS: Edward Fellows, Millington, Md.

RECEIVED
AUG 18 1949
BUREAU V. M.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07639

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:

County: Baltimore

City or town: Turner's Station (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: Turner's Station Md. (If outside city or town limits, write RURAL and give nearest town)

Street No. 103 Center Street. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME (Riggin) Relus Trent

3.(b) Social Security Number

4. Sex: Male

5. Color or race: Col.

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Ethel Louise Trent

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug 2, 1903

8. AGE: Years: 46 Months: Days: If less than one day ..... hrs. ..... min.

9. Birthplace: Cumberland Co. Va. (Town, county, and state)

10. Usual occupation: Labour

11. Industry or business: Bethlehem Steel Co.

FATHER
12. Name: Daniel Trent
13. Birthplace: Va.

MOTHER
14. Maiden name: Millie Epps
15. Birthplace: Va.

16. Informant: Ethel Louise Trent

Address: 103 Centre St

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Aug 10/49 (month) (day) (year)

Cemetery or crematory

Location: Cumberland Co. Va.

18. Funeral director: Mrs. Robert A. Elliott & Dyl

Address: 1129 N. Caroline St

19. 8/9/49 (Date rec'd by registrar) J. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 7th 1949 19 ..... at 8:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 7th 1949, to Aug 7th 49 and that I last saw him alive on August 7th 49

Immediate cause of death: Coronary Thrombosis — DURATION: 1/2 hour

Due to

Due to

Other conditions: 420.1 94a (Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: J. H. Thomas M.D. M. D. or other

Address: 107 N Main St Dundalk 22 Date signed 8/8/49

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07640

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 331 Magnolia Terrace

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 331 Magnolia Terrace

3. NAME OF DECEASED (Type or Print) (First) MARGARET (Middle) (Last) TUDER
4. DATE OF DEATH (Month) Aug. (Day) 21 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Aug. 10-1886
9. AGE last birthday 63 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Balto Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James H. Barrett
14. MOTHER'S MAIDEN NAME Margaret Cecelia Faye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. Bernard Tuder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Carcinoma Sigmoid	6 mo
153 Antecedent cause(s)		Adenoma Lenis - metabolic	3 mo
46 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 21, 1949, to Aug. 21, 1949, that I last saw the deceased alive on Aug 20, 1949, and that death occurred at 9 am m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
S. F. A. Stevens M.D. 2818 Harford Rd Balto Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug. 23-49
NAME OF CEMETERY OR CREMATORY New Cathedral
LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 8/23/49
REGISTRAR'S SIGNATURE Henry Crusse
24. FUNERAL DIRECTOR Thos G. Connelly - 418 Eastern Ave ADDRESS Balto 21, Md.

2878 Harford Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

117641

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillendale Park, Balto 14 | LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1711 Goodview Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hillendale Park
STREET ADDRESS (If rural, give location) 1711 Goodview Ave.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Alonzo	Carlton	Tyler		Aug	27	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	6/1/1906	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Metal Cap Presser	Bottle Cap Co.	Md.	U.S.A.

13. FATHER'S NAME: Lonnie Tyler
14. MOTHER'S MAIDEN NAME: Martha Grey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	?	Eva Tyler

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Chronic Heart disease, coronary, with occlusion, sudden — Interval between onset and death: Sudden 8/27/49

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Collins C. Hudson	M.D.	Towson, Md	9/27/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	8/30/49	Parkwood	Balto. Co.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/29/49	L	Lilly & Leiler Inc.	Balto. Md.

Dr. Golley

07643

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Parkville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Co. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3027 Willoughby Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Co.
STREET ADDRESS 3027 Willoughby Ave. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Amanda (Middle) M. (Last) Upp
4. DATE OF DEATH (Month) Aug (Day) 15 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH July 28-1869
9. AGE last birthday 80 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Penn
14. MOTHER'S MAIDEN NAME ✓

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. Wm. H. Upp. 3027 Willoughby Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis (Infectious) — INTERVAL BETWEEN ONSET AND DEATH: years

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1940, to 8/15, 1949, that I last saw the deceased alive on 8/15, 1949, and that death occurred at 6.30 P. m., from the causes and on the date stated above.

SIGNATURE Kyle W. Golley (Degree or title) M.D. ADDRESS 5703 Harford Rd. Balto (4) DATE SIGNED Md 8/16/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 8/19/49 NAME OF CEMETERY OR CREMATORY Mt. Olivet LOCATION (City, town, or county) Balto Md (State)

DATE REC'D BY LOCAL REG. 8/16/49 REGISTRAR'S SIGNATURE H.W. Kedrick ✓ Dm
24. FUNERAL DIRECTOR Leonard J. Luck - 5305 Harford Rd. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

17644

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 5yrs8mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1119 N. Bond Street

3. NAME OF DECEASED (Type or Print): (First) Alfreda (Middle) (Last) Verzi

4. DATE OF DEATH: (Month) August (Day) 28 (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: April 16, 1880

9. AGE last birthday: 69 yrs. — If under 1 year: Months 4, Days 9, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Sicily

12. CITIZEN OF WHAT COUNTRY?: Italy

13. FATHER'S NAME: Salvatore Petralia

14. MOTHER'S MAIDEN NAME: Grace Crispi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: ---

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Right broncho-pneumonia	4 days
443 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebro-vascular accident	6 days
	(c) Hypertensive cardiovascular disease with arterio-sclerosis	Indef.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-29, 1943, to 8-28, 1949, that I last saw the deceased alive on 8-28, 1949, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

SIGNATURE Isadore Tuerk (Degree or title) ADDRESS Catonsville-28, Maryland DATE SIGNED 8-28-49

Isadore Tuerk

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 8/31/49 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county): Baltimore (State): Md

DATE RECD BY LOCAL REG. 8/30/49 — REGISTRAR'S SIGNATURE: Mrs. H. Deed

21. FUNERAL DIRECTOR: Leonard J. Luck — ADDRESS: 5305 Harford

07645

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 191 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vets.Adm.Hosp.,Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Balt.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
STREET ADDRESS (If rural, give location): Mace Ave. Rt. 16

3. NAME OF DECEASED (Type or Print): (First) ANTHONY (Middle) - (Last) VILLA

4. DATE OF DEATH: (Month) August (Day) 8 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 6-9-08

9. AGE last birthday: 41 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bar Tender

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Farina, Italy

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Villa

14. MOTHER'S MAIDEN NAME: Angelina Mosooni

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 149-05-9906

17. INFORMANT AND ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ventricular Fibrillation — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

416
1318

(b) Rheumatic Heart Disease — 2-1/2 Yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic Glomerular Nephritis — 2 Yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-29, 1949, to 8-8, 1949, that I last saw the deceased alive on 8-8, 1949, and that death occurred at 6:55 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.C. Manaugh
H.C. MANAUGH, M.D. — Chief Pro. Ser. VAH, Ft. Howard, Md. — 8-9-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 11, 1949	St. Mary's Cem.	E. Vineland N.J.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/10/49	A. W. Hedrick	C. Calvin Rose	Vineland, N.J.

07646

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Baltimore

City or town: Catonsville (If outside city or town limits, write RURAL and give nearest town)

Street No. 828 Braeside Road (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Catherine D. Vogel

3.(b) Social Security Number: —

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Philip R. Vogel Jr.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan 21 - 1856

8. AGE: Years 93 | Months 6 | Days 13 | If less than one day ..... hrs. ..... min.

9. Birthplace: Bavaria (Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business

FATHER

12. Name: George Wich

13. Birthplace: Bavaria

MOTHER

14. Maiden name: Fredericka Mueller

15. Birthplace: Bavaria

16. Informant: Ferdinand E. Wich

Address: 828 Braeside Road.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Aug 6-1949 (month) (day) (year)

Cemetery or crematory: Loudon Park

Location: Baltimore - City

18. Funeral director: Mr. & Mrs. John W. Teufel & Son

Address: 5311 Edmondson Ave.

19. 8/5 1949 (Date rec'd by registrar) A. W. Hedrick wh Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug 4 1949, at 7:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 25 July 1949, to 4 Aug 1949 and that I last saw her alive on 3 Aug 1949

Immediate cause of death: Hypostatic Pneumonia

Due to: Generalized Arterio Sclerosis

Due to:

Other conditions: 450.0 97 (Include pregnancy within 3 months of death)

DURATION

Major findings of operations: ..... Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Earl L. Rogers M.D. M. D. or other

Address: 142 Westminster Pl. Date signed: 4 Aug 49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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07647

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH Baltimore

County 516 New Pittsburg ave

City or town Turner Station

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 Weeks

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Balto.

City or town Turner Station

(If outside city or town limits, write RURAL and give nearest town)

Street No. 516 New Pittsburg ave

(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (a) FULL NAME Frank Waddy

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	Widower

6.(b) Name of husband or wife .....

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) June 20 - 1880

8. AGE: Years 69 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Goochland Va (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name unknown

13. Birthplace " "

MOTHER 14. Maiden name Martha Waddy

15. Birthplace Va

16. Informant John Waddy

Address 560 New Pittsburg ave

17. Burial (Burial, cremation, or removal, Which?) Date thereof Aug 28-49 (month) (day) (year)

Cemetery or crematory St Marks Cem.

Location Goochland Va

18. Funeral director Elroy O. Wilson

Address 1000 Brantley ave

19. 8-24 1949 (Date rec'd by registrar) A. W. Hedrick wd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24 1949, at 9:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 15 1949, to Aug 24 1949 and that I last saw him alive on Aug. 24 1949

Immediate cause of death Hypostatic pneumonia — DURATION 7 days

Due to Malnutrition

Due to Intestinal obstruction

Other conditions Arteriosclerosis

570.5

122.8

(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Arthur L Johnson Jr. M. D. or other

Address 423 New Pittsburg Ave Date signed 8-25-49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

07648

Reg. Dist. No. 34

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural; LENGTH OF STAY (in this place) 90 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS XXX

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN nr Boring; STREET ADDRESS (If rural give location) Reisterstown R. F. D.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Albert (Last) Walter

4. DATE OF DEATH: (Month) August (Day) 23 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: July 13-1859

9. AGE last birthday: 90 yrs. If under 1 year: Months 1 Days 10 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Balto. Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Walter

14. MOTHER'S MAIDEN NAME: Sarah Gadd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If year, give war or dates of service) no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Wife + Mrs. Dora Walter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Sarcomas (Lymph) — Interval Between Onset and Death: several yrs.

Antecedent cause(s)

200.1

55e

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Anaemia & weakness

(c) Inability to take food.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct 1-1948

19b. MAJOR FINDINGS OF OPERATION: Ulcerated Colon + Small intestine at junctions

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19[illegible]., to Aug 23....., 1949., that I last saw the deceased alive on Aug 22....., 1949., and that death occurred at 8.30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Cyril E. Fowble M.D. ADDRESS: Upperco Md. DATE SIGNED: Aug 23-1949

23. BURIAL, CREMATION, REMOVAL, (Specify): Burial — DATE: Aug 26/49 — NAME OF CEMETERY OR CREMATORY: St. Pauls — LOCATION (City, town, or county) (State): 5th District, Balto Co Md

DATE REC'D BY LOCAL REG.: Aug-25-49 — REGISTRAR'S SIGNATURE: Mary B. Sline.

24. FUNERAL DIRECTOR: Edw. C. Lipton — ADDRESS: Hampstead, Md.

RECEIVED
AUG 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH Bc 07649

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet. A dm.Hosp.,Fort Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE B Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 5
STREET ADDRESS (If rural, give location) 1626 E. Monument St.,

3. NAME OF DECEASED (Type or Print) (First) AMOS (Middle) (Last) WATKINS

4. DATE OF DEATH (Month) (Day) (Year) August 14 1949

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 9/15/92

9. AGE last birthday 56 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) La borer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Randall Co. N. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edward Watkins

14. MOTHER'S MAIDEN NAME Dorothy Perry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WWI

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT AND ADDRESS Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ARTERIOSCLEROTIC HEART DISEASE WITH CONGESTIVE FAILURE — UNKNOWN

420.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No XX

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-9-, 1949, to 8-14-, 1949, that I last saw the deceased alive on 8-14-, 1949, and that death occurred at 6:45 Pm m., from the causes and on the date stated above.

SIGNATURE H.C. MANAUGH, M.D. (Degree or title) Chief Pro. Ser. ADDRESS VAH, Ft. Howard, Md. DATE SIGNED 8-15-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 8/17/49 NAME OF CEMETERY OR CREMATORY Baltimore National LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 8/16/49 REGISTRAR'S SIGNATURE Geo. Hedrick

24. FUNERAL DIRECTOR Charles R. Law, 802 Madison Ave., Balto., Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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07650

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 Dundalk Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 9 Dundalk Ave.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Charles W. Webster
4. DATE OF DEATH (Month) (Day) (Year) Aug. 6, 1949
5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH Jan. 27, 1877
9. AGE last birthday 72 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Boiler Maker
10b. KIND OF BUSINESS OR INDUSTRY Bath. Steel Co.
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George A. Webster
14. MOTHER'S MAIDEN NAME Cornelia E. White
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mrs Cornelia J. Kelley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 20 yrs

4222 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 5, 1949, to Aug 6, 1949, that I last saw the deceased alive on Aug 5, 1949 and that death occurred at 7 45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. B. Davis MD
ADDRESS 3 Kirshp Road - Dundalk - 22
DATE SIGNED 8/8/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug 9, 1949
NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.
LOCATION (City, town, or county) (State) Baltimore Co., Md.

DATE REC'D BY LOCAL REG. Aug 8-1949
REGISTRAR'S SIGNATURE V. M. Kelly Jr.
24. FUNERAL DIRECTOR Roland L. Fisher, ADDRESS 2112 Dundalk Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

17651

Reg. Dist. No. 4-6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH · COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sundown | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3575 Hollins Ferry Rd

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sundown
STREET ADDRESS (If rural, give location): 3575 Hollins Ferry Rd

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) J (Last) Belusky
4. DATE OF DEATH: (Month) Aug (Day) 4 (Year) 1949

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: about 1877
9. AGE last birthday: 72 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Westminster Md
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Belusky
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If yes, give war or dates of service): Spanish War
16. SOCIAL SECURITY No.:
17. INFORMANT: Mrs A Belusky

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute cardiac failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio vascular disease	
	(c)	

422.1 / 93a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Geo Bruce Kieffer (Degree or title) MD — ADDRESS: Eden Baltimore 1010 Lenden — DATE SIGNED: Aug. 4 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Aug 3 49 — NAME OF CEMETERY OR CREMATORY: Balto Nat — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: Aug 5 49 — REGISTRAR'S SIGNATURE: Geo Bruce Kieffer MD

24. FUNERAL DIRECTOR: Phillip E Cronin — ADDRESS: 902 N Chester St

RECEIVED
AUG 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4X

07652

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS: CHESAPEAKE BAY OFF FT. HOWARD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 1003 DUNDALK AVENUE

3. NAME OF DECEASED (Type or Print): (First) LONNIE (Middle) RIVERS (Last) WILSON, JR.
4. DATE OF DEATH: (Month) Aug. (Day) 30 (Year) 1949
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: about 1925
9. AGE last birthday: 24 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHAUFFEUR
10b. KIND OF BUSINESS OR INDUSTRY: FURNITURE
11. BIRTHPLACE (State or foreign country): LEXINGTON, KY.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: LONNIE R. WILSON, SR
14. MOTHER'S MAIDEN NAME: KATHERINE ACKERSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLDWAR II
16. SOCIAL SECURITY NO.: 215-28-7431
17. INFORMANT: LONNIE R. WILSON, SR. FATHER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) DROWNING

850.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

172 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Near Ft. Howard (CITY OR TOWN) Near Ft. Howard-19 (COUNTY) Balto (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 27 1949-11 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Fell from Motor Boat into Ches Bay

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: M B Davis MD (Degree or title) Dept Med. Exam - ADDRESS Balto Co - Dundalk-22 Md - DATE SIGNED 8/31/49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: 3 SEPT. 1949
NAME OF CEMETERY OR CREMATORY: LEXINGTON CEM.
LOCATION (City, town, or county) (State): LEXINGTON, KY.
DATE REC'D BY LOCAL REG: 8/31/49
REGISTRAR'S SIGNATURE: R.W. Hedrick Dep
24. FUNERAL DIRECTOR: Walter Brooks Bradley ADDRESS: 700 WILLOW SPRING ROAD, DUNDALK BALTIMORE, 22, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

07642

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills. LENGTH OF STAY (In this place) 20 yrs. 6 dys. (8-11-29)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State School.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Bernard		Wlasic	August	13	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male.	White	Single	1-12-21	28 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Baltimore, Maryland	U.S.

13. FATHER'S NAME: Peter Wlasic
14. MOTHER'S MAIDEN NAME: Maria Oberdack

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	8 dys.
083.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 371b	(b) Post encephalitic Parkinsonism	since childhood
	(c) (c a Thet-osis. hemiplegia etc)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 1, 19 35, to Aug 13, 19 49, that I last saw the deceased alive on Aug 13, 19 49, and that death occurred at 12:55 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
Isabel H. McClinton	M.D.	Rosewood School	Owings Mills Md.	Aug 13/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Aug 17-49	Mt. Cathedral	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/15/49	Wm. Hedrick	Joseph Rasinskas Jr.	607 Wash. Blvd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07653

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton, Md.; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton, Md.; STREET ADDRESS (If rural give location) Buck School House Road

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) M. (Last) WOLF

4. DATE OF DEATH: (Month) Aug. (Day) 6th (Year) 19 49

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: March 23, 1857

9. AGE last birthday: 92 yrs. If under 1 year: Months 4 Days 13 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Anna Louise Wolf

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Oedema	1 day
443 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vascular Hypertensive Desease	10 years
	(c) Arteriosclerosis	10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 27, 1949, to August 6, 1949, that I last saw the deceased alive on August 5, 1949, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Michael J. Dausch M.D. 4636 Belair Rd. Balto 6, Md. 8/8/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 8/9/49

NAME OF CEMETERY OR CREMATORY: St. Peter's

LOCATION (City, town, or county) (State): Fullerton, Md.

DATE REC'D BY LOCAL REG.: Aug 8-49

REGISTRAR'S SIGNATURE: Mrs. A. L. Reifsnider

24. FUNERAL DIRECTOR: Lasacks Funeral Home ADDRESS: 7401 Belair Rd.

RECEIVED
AUG 12 1949
BUREAU V. S.

07654

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 31

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2107 Gwynn oak ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) 2107 Gwynn oak ave

3. NAME OF DECEASED (Type or Print) (First) Raymond (Middle) (Last) Wonderly

4. DATE OF DEATH (Month) Aug (Day) 27 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr 8 1879
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant
10b. KIND OF BUSINESS OR INDUSTRY Notions
11. BIRTHPLACE (State or foreign country) Balto Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Wonderly
14. MOTHER'S MAIDEN NAME Lucy M Lloyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220096336
17. INFORMANT Mrs Laurie M Wonderly

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular disease

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Geo M. Kieffer M.D. Lt Col Exam Balto Co
ADDRESS 1010 Leeds ave 3am
DATE SIGNED Aug 27-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 29 49
NAME OF CEMETERY OR CREMATORY London Park Cem
LOCATION (City, town, or county) (State) Balto Md.

DATE REC'D BY LOCAL REG. 8/29/49
REGISTRAR'S SIGNATURE A.W. Hedrick
FUNERAL DIRECTOR J. Phillips Lamoreau
ADDRESS 4510 Liberty Hgts Ave

DM

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07655

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard — LENGTH OF STAY (in this place) 66 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.	STREET ADDRESS (If rural, give location) 608 Bosley Avenue

3. NAME OF DECEASED (Type or Print) (First) PAUL (Middle) WOODFORD (Last)			4. DATE OF DEATH (Month) August (Day) 22 (Year) 1949		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 2/24/06	9. AGE last birthday 43 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automobile mechanic	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Elkins, West Virginia	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Austin Woodford			14. MOTHER'S MAIDEN NAME Josephine Fisher		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If year, give war or dates of service) WWII	16. SOCIAL SECURITY NO. Unknown		17. INFORMANT AND ADDRESS Clin.Records,Vet.Adm.Hosp.,Ft. Howard, Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARCINOMA OF LUNG — 1 yr.

163

Antecedent cause(s)

47d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1949, to Aug. 22, 1949, that I last saw the deceased alive on Aug. 22, 1949, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. C. Manaugh

H. C. MANAUGH, M.D., CHIEF, PROFESSIONAL SERVICES, VAH, FORT HOWARD, MD. 8/22/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE 8/25/49	NAME OF CEMETERY OR CREMATORY Maplewood Cemetery	LOCATION (City, town, or county) (State) Elkins, W. Va.
DATE REC'D BY LOCAL REG. 8/22/49	REGISTRAR'S SIGNATURE a. W. Hedrick	24. FUNERAL DIRECTOR Hubbard Funeral Home, Balto. Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH Bc 07656

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Balto MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stapelton farm Rolling Rd	STREET ADDRESS (If rural, give location) 103 N Gilmor st
3. NAME OF DECEASED (Type or Print) (First) Warren (Middle) (Last) Wright	4. DATE OF DEATH (Month) Aug (Day) 10 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
M	Col	single	Dec 30 1932	16 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student		Balto Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Herbert Wright	Hazel Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
		Herbert Wright

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning in lake

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) while swimming

183 (c) accident

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY on farm Lake	(CITY OR TOWN) (COUNTY) (STATE) Relay Balto Md
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 10 49 5P m.	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR? Swimming in lake or pond

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.* 5P m

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Geo W. Kieffer MD	Dep Med Exam Balto Co	1010 Leadran	Aug 10 49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 15 49	Mt Auburn Cem	Balto Md

DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 13 49	Geo Kieffer	Kater R William	522 N Schroeder st

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 15 1949
BUREAU T. S.

VS A15

MARGIN RESERVED FOR BINDING

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I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07637

CERTIFICATE OF DEATH

BC

Reg. Dist. No. .....

1. PLACE OF DEATH:

County: BALTIMORE

City or town: PIKESVILLE
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, institution, or street address where death occurred: AUGSBURG HOME

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: MD County: ~~BALTO~~

City or town: ~~PIKESVILLE~~ + Baltimore
(if outside city or town limits, write RURAL and give nearest town)

Street No. ~~CAMPFIELD RD~~
(If rural, give LOCATION)

2.(a) If veteran, name war: 2528 Pratt St.

3.(a) FULL NAME CHRISTIANNA ZIMMERMAN

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FEM	WHITE	WIDOW

6.(b) Name of husband or wife: HENRY ZIMMERMAN

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): NOV-26-1861

8. AGE:

Years	Months	Days	If less than one day
87			..... hrs. ..... min.

9. Birthplace: BALTO. MD.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: LOUIS ZAISER.
13. Birthplace: GERMANY

MOTHER
14. Maiden name: ? UEBELL
15. Birthplace: GERMANY

16. Informant: AUGSBURG HOME RECORDS

Address: CAMPFIELD RD.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof: AUG 5-49 (month) (day) (year)

Cemetery or crematory: LORRAINE CEM

Location: COOKS LANE

18. Funeral director: MRS CHAS A G ROADE

Address: 2327 Edmondson Ave

19. 8/x 1949 (Date rec'd by registrar) H. W. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Aug. 2nd 1949, at 2.45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June - 20 1948, to Aug. 2 - 1949.

and that I last saw h.e.c. alive on ..... 19.....

Immediate cause of death	DURATION
(1) Primary Carcinoma of Ptolony	1 yr.
Due to	
Due to	
Other conditions: Arterio Sclerotic Heart Disease	5 yrs.

153
46e
(Include pregnancy within 3 months of death)

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Earl L. Chambers M. D. or other

Address: 4108 Liberty Hts. Ave Date signed 8/2/49

Evidence for change of birth date & age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

07638

CERTIFICATE OF DEATH

FILED AUG 19 1949

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 910 Maiden Choice Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 910 Maiden Choice Lane

3. NAME OF DECEASED (Type or Print): (First) EDITH (Middle) LILLIAN (Last) ZINK

4. DATE OF DEATH: (Month) Aug. (Day) 12, (Year) 1949

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Sept. 29, 1876

9. AGE last birthday: 70 78 yrs.

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Lisbon, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Elias Buckingham

14. MOTHER'S MAIDEN NAME: Mary Alice Reckord

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) –
(If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mr. George C. Zink 910 Maiden Choice Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Organic Heart Disease	unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	"
	(c)	

443
95c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15, 1937, to 8-12-, 1949, that I last saw the deceased alive on 8-10-, 1949, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

SIGNATURE: Chester Riland. M.D. (Degree or title) ADDRESS: 2532 Edmondson Ave. Baltimore (23) DATE SIGNED: 8-13-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8/16/49
NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE RECD BY LOCAL REG. 8/15/49
REGISTRAR'S SIGNATURE: Wm. Hedrick

24. FUNERAL DIRECTOR: WM. J. TICKNER & SONS ADDRESS: Balto., Md.

MARGIN RESERVED FOR BINDING

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VS. A15